MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10340 HEALTH DEPT! PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) delay h. nd 3 fo Page a. COUNTY a. STATE b. COUNTY 0 ALLEGANY MARYLAND ALLEGANY **MARYIAND** b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) 2, u. PM3. CUMBERLAND YEARS CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? form hours MEMORIAL HOSPITAL 1601 FORD AVE. Give Poges d YES NO K 24 hours after death. olong with 3. NAME OF First Middle Last DATE Manth Day Year DECEASED PENDLETON ARBOGAST (Type or print) AUGUST 67 19 DEATH S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthday) Months Days WIDOWED WHITE DIVORCED APRIL 1,1911 MALE ond 2 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) INDUSTRY COUNTRY? in pencil in i Examiner's l CAR CLEANER RAILROAD WEST VIRGINIA poges in any USA pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within JACOB ARBOGAST and ALICE HELMICK IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war ar dates of service) removal, 214 05 7651 HA MRS. ANNIE ARBOGAST CUMBERLAND. MD. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY buriol-transit Coronary Occlusion 50 IMMEDIATE CAUSE (a) This certificate should cremation, DUE TO Conditions, if any, which gave Cormary Sclerosis (b) rise to immediate cause (a), DUE TO stoting the underlying cause last. burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? the certificate, NO DY YES 0 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ogent, priar PRIMARY I or CONTRIBUTING I should CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur a.m. factory, street, office bldo., etc.) Not While ol work at wark or its designoted 21. I certify that I taak charge of the remains described above, held on Autopsy Inspection 1 FUNERAL DIRECTOR: Inquiry X and in my apinion death resulted fram: Natural causes Accident Suicide | Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER & Augusti **EXAMINER'S** SKITARELIC. M.D. BENEDICT Health NAME (Type) Address (Street, city, town, or commberland. Maryland 23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 0 BURIAL (Specify) AUGUST 4,1967 ZION MEMORIAL PARK CUMBERLAND 256. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR ADDRESS VR A15ME BYRON KIGHT CUMBERLAND, MD. DATEAUG 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10342 10342 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY ALLEGANY MARYI AND ALLEGANY MARYLAND that the death certificate be executed within 24 haurs after c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 16 write RURAL and give neoper ROWAND. DAYS CUMBERLAND, MD. Œ. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? MEMORIAL HOSPITAL PA. AVE NO T completely i NAME OF First Middle 4. DATE Year DECEASED VIOLA **ARONHAL** AUG 67 (Type or print) DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED IF UNDER NEVER MARRIED FEMALE WHITE lost-pirthdoy) 8-29-93 Months Days Haurs WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
Housewife INDUSTRY COUNTRY? GARRETT CO. . U.S.A Ownhome 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME remova ROBERT LATHRUM CHRISTINA GAUER IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) CUMBERLAND, MD. MEMORIAL HOSPITAL 217-10-6445 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit burial, cremati PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) 1500 DUE TO OR ATTENDING PHYSICIAN: The law requires Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) this certificate has YES [NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INITURY Month, Day, Year (City or town) (County) (Stote) Hour 'a.m. Not While factory, street, affice bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased from 1967 . that (1) (we) last be retained 35An, fram causes and an the date stated above 19 (07, and that death accurred DIRECTOR: saw the deceased alive an. 22n SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR TO HOSPITAL (Page 4 may by 22c. PHYSICIAN'S 22d. ADDRESS TO FUNERAL CUMBERLAND, MD.

23c. NAME OF CEMETERY OR CREMATORY

St. Luke Cemetery

VR A15 (4) 25M 1/67

23a. BURIAL, CREMATION,

REMOVAL (Specify)

8-27-67 24. FUNERAL DIRECTOR Scarpelli Cumberland, Md.

23b. DATE THEREO!

Cumberland, Maryland

23d. LOCATION (City or Town)

(County)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10343 10343 death ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY n. STATE b. COUNTY ALLEGANY PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after hours after MARYLAND ALLEGANY b. CITY OR TOWN (If autside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give negrest town) CUMBERLAND 28 DAYS LA VALE E 2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 6 Parkside Blvd. SACRED HEART HOSPITAL YES NO X and campletely fi NAME OF Middle First 4. DATE Year Dov DECEASED 08-MARGARET JANE AULD 08 (Type or print) DEATH 19 SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthday) Months Days Hours and in any 7-5-74 FEMALE WHITE WIDOWED X DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT ANDUSTRY nome **COUNTRY?** WALES U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar removal. BENJAMIN ELIZABETH ROBERTS unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service 194-40-9275 HOSPITAL RECORD SETON DRIVE. CUMB.. MI $\overline{}$ 18. CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c), PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE to the haspital or attending physician. DUE TO signed | Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse the State Dept. of Health prior to Inst SO 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) has YES NO this certificate for 200 ACCIDENT WAS UNDERLYING FT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour 'o.m. factory, street, office bldg., etc.) Not While of work ot work 21. I certify that (1) (this hospital) attended the decoased from that (1) (we) last TO HOSPITAL OR ATTEND Page 4 may be retained saw the deceased alive an M, from causes and an the date stated above. O FUNERAL DIRECTOR: , and that death accurred at 22o. SIGNATURE M D DIRECTOR 22d ADDRESS 55 Greene St. Cumberland, Md. 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) 8/11/67 Blossburg. Arbon Cemeteru Tioga. 24. FUNERAL DIRECTOR VR A15 (4) Cumberland, Maruland H. Wayne George 25M 1/67 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10344 10344 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) O. COUNTY ALLEGANY o. STATE b. COUNTY MARYLAND ALL EGANY MARYLAND the popers. Page 72 hours o b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RUPANDE REGIAND DAYS MD. LONACONING. MD. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENC d. STREET BOOKE DOUGLAS AVENUE within 72 filled ON A FARM? Memorial Hospital NO A 3. NAME OF Middle 4. DATE BARCLAY Month completely Year DECEASED **ALEXANDER** OF (Type or print) DEATH 6. COLOR OR RACE B. DATE OF BIRTH 5-3-86 AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 7. MARRIED NEVER MARRIED MALE WHITE Months in ony WIDOWED DIVORCED physicion ond 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country)
MARYLAND 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)

Retired Coal COUNTRY? U.S.A. INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removo MARY FRAZER ROBERT BARCLAY 15. WAS DECEASED EVER IN ILS. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) MEMORIAL HOSPITAL CUMBERLAND, MD. No 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-tronsit IMMEDIATE CAUSE (o) 2 DUE TO Condrovore disesse burial, Conditions, if any, which gove rise to immediate cause (a), DUE TO stoting the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or ottending certificate has been Dept. of Health prior to lost. 05 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO Z 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work any 1967, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from 2. any. 19 17, and that death accurred at: OOP M, from causes and on the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. PHYS. -DIRECTOR director, poge should be filed 22d. ADDRESS CUMBERLAND, MD. NAME (Type) DR. VAN ORMER 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Burial (Specify) Frostburg. 8/7/1967 Memorial Park Md. 250. RECD BY REGISTRAR 1967256. RECOURS 24. FUNERAL DIRECTOR DATE A George Eighhogn Lonaconing, Md.

NAD Y OU THAT SHOW LOKACTARIUG, TO. I I . A . () 1 2 1 WARREN PARENT SUMMER WEST ARE COLLECTION OF Windows Street, Service the state of the state of 95 de lav A W an 4 To the contract of the contract

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10345 CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH

a COMPLEGANY 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) a STATE MARYLAND b COUNTY r delay is and 3 ta Page ALLEGANEY MARY, AND b CTY OR TOWN (f outs de corparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate 1 mits, write RURAL and give nearest town) CUMBERLAND CUMBERLAND IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUT ON (If not in haspital give street address) d STREET ADDRESS Office along with farm NO -MEMORIAL HOSPITAL Hem 18 Give Pages NAME OF Middle 4 DATE Year DECEASED DEATH (Type or print) CHARLES IF UNDER 24 MR AGE 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARR ED birthday) in any event within 72 haurs after death WIDOWED D VORCED WHITE 10a USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR BIX (HPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? CONSTRUCTION be forwarded to the Chief Medical Examiner's CHATTANOOGA TENN 13 FATHER'S NAME This certificate shauld be executed within J. SCOTT BARNETT ALBERTHA JANE SPONSLER 16 SOCIAL SECURITY NO 17 INFORMANT ALBERTHA BARNETT CUMBERLAND INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY ONSET AND DEATH Coronary Occlusion IMMEDIATE CAUSE (a). writing the word DUE TO Coronary Sclerosis Conditions, if any, which gave " rise to immediate cause (a), DUE TO stating the underlying cause and (c) 19 WAS AUTOPSY PERFORMED? PART II OTHER S.GNIFICANT COND.TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) burial, crematian, or removal, NÓ please execute the certificate, 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Part I at Part I af item 18) 3 shauld bleads PRIMARY Or CONTRIBUTING CAUSE OF DEATH MEDICAL 20e PLACE OF INJURY (Hame, farm 20d INJURY OCCURRED (City or town) (County) (State) 20c T ME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While FUNERAL DIRECTOR: Page at wark at wark 2) | certify that I task charge of the remains described above, held an Autapsy | XI. | Inspection | XI. | Inquiry | XI. | and in my apin an Suicide . Hamicide Undetermined manner Natural causes 12 Accident geath resulted framfuneral directar CHIEF MEDICAL EXAMINER ealth prior to ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER August 3. 1967 BENEDICT SKITARELIC, M.D. Address (Street, cly fown, or countumberland, Md. NAME (Type) 23b DATE THEREOF 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23a RURIAL CREMATION, 0 AUG. 6 1967 HILLCREST BURIAL PARK CUMBERLAND ALLEGANY MD **ADDRESS** 25g REC D BY REGISTRAR VR ATSME (5) DATE AUG CUMBERLAND MD.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10346 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 10346 HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY 2, and 3 to PM3 Page o. STATE b. COUNTY Deportment of urs ofter death. ALLEGANY MARYLAND MARYLAND ALLEGANY b CTY OR TOWN (If outside corporate limits write RURAL and give nearest tawn) c LENGTH OF STAY N 1b c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) CUMBERLAND 35 YEARS CUMBERLAND d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? form hours 1015 McMULLAN HIGHWAY 1015 McMULLAN HIGHWAY Item 18. Give Poges YES 🔲 NO A be executed within 24 hours ofter death Off ce olong with lond2 with the Sto 3 NAME OF First Middle 4 DATE Lost Month Dov DECEASED JOHN BARTLETT AUG. 10, 67 (Type or print) 19 DEATH S SEX IF UNDER YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED B DATE OF BIRTH AGE (In years NEVER MARRIED lost birthdoy) Months Dovs FEB. 17,1890 MALE WHITE WIDOWED D VORCED 100 JSUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or fore an country) 2 CITIZEN OF WHAT COUNTRY? pages lo ILROAD PENNA. = Examiner's 13. FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME JAMES BARTLETT E and JEAN WILSON IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address permit removal. (Yes, no or unknown) (f yes give wor or dotes of service) 716 14 1185 MRS. ALICE SENCINDIVER WILLIAMSPORT, MD. 1B CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY INTERVAL BETWEEN SUDDEN DEATH CORONARY used as a burial-trans burial, cremation, or OCCLUSION IMMEDIATE CAUSE (o) This certificate should writing the word DUE TO CORONARY SCLEROSIS Conditions, fony, which gove (b) rse to immediate couse (a), DUE TO stoting the underlying couse PART HOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS: PERFOR MED? MEDICAL CERTIFICATION YES NO ogent, prior to 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of in ury in Port or Port II of item 18.) should PRIMARY OF CONTRIBUTING Poge 4 should CAL EXAMINER: CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (Stote) 20c. T ME OF INJURY Month. Day, Year (County) Hour am factory street, office bldg , etc.) Not While moy be retained for your FUNERAL DIRECTOR: Poge ot work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection [X], Inquiry (3) and in my apin on Natural causes KX Suicide . Hamicide death resulted fram Accident Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 🔀 8/10/67 5 DEPUTY MEDICAL EXAMINER X **EXAMINER'S** 5 moy TO FUNE Heolth CITATION TO WEST TOWNS TOWNS TOWNS (COUNTY) NAME (Type) SKITARELIC, M.D. RT. 9. BUR AL, CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) ST.PETER & PAUL CEMETERY CUMBERLAND, MD 25b REGISTRAR S SIGNATURE 250 REC D BY REGISTRAR 24. FUNERAL DIRECTOR BYRON KIGHT CUMBERLAND, MD. VR A 15ME YS AUG 14 1967

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10347 10347 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institut on Residence before admission) o. COUNTY b. COUNTAllegary Allegany MARYLAND ely filled in by the fusion papers Pages I b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 16 CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town). rural vesternoort rural Westernport 70 Yrs d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 4 Mi E. of Westernport R.D. R.D. 1 YES K NO [NAME OF First Middle Last 4 DATE Month Year DECEASED OF DEATH Hamilton Aug. 25, 1967 Jacob Blizzard (Type or print) 19 S SEX 6 COLOR OR RACE 1F UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED IXI 9. AGE (In years **NEVER MARRIED** B DATE OF BIRTH (ast birthday) Hours White liale Nov. 25, 1877 ond in day WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 10o USJAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT during most of working life, even if retired) U COUNTRY? Nicholas- W. Va. 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME or removal, Washington Blizzard Hanna Nelson 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) ((If yes give wor or dates of service) 220-10-2703 Anna Blizzard-Westernport, Md. crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c)) Care Inom dof
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit 115001-0 IMMEDIATE CAUSE (a) 1942 DUE TO burial, Conditions, if only, which gove 3 (b) rise to immediate couse (a). DUE TO hos been see as the te stating the underlying couse last. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ICATION NO be retained by the hospital or 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) Hour o.m. foctory, street, office bldg , etc.) at work at wark O FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased fram July 28 19.62 Aug. 25, 1967, that (1) (we) last . ta___ 1967, and that death occurred at 1038 M, from causes and an the date stated above. July 28 saw the deceased alive on_ 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF M.D director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) P.R. Wilson Piedmont, W. Va. 230 BURIAL, CREMAT ON. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) rural Westernport-Alle. Md. Duckworth 8/27/67 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAC DIRECTOR VR A15 (4) 25M 1/67 Westernport, Md. Ochember Judge



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FOR STATE		10348 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	0348
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20		d MAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) Sacred Heart Hosp. D. O. A.	d STREET ADDRESS Craddock Rd.	B IS RESIDENCE ON A FARM? YES NO X
Poges with fo	3	NAME OF First Middle	Lost 4 DATE Month	Doy Yeor
hours after death if any delatem 18 Give Pages 1, 2, and Office along with form PM3. I land 2 with-the-State Department within 72 hours, offer delatement within 72 hours, offer delatement within 72 hours, offer delatement	15	Reatha Leona SEX 6 CO.OR OR RACE / MARRIED NEVER MARRIED Cemale White WIDOWED DIVORCED	Bridges DEATH August B DATE OF BIRTH 9 AGE (In years IF UNDER lost birthday) Manths May 4, 1919 48 YIS	
d within 24 hours after death if in pencil in Item 18 Give Pages 1, Examiner's Office along with form file pages land 2 with the State De and in any event within 72 hours.	100	JS JAL OCCUPAT ON (Give kind of work done ng most of work ng.life even f retired) Housewife Thousewife	11 BIRTHPLACE (State or foreign country) 12 (TIZEN OF WHAT OUNTRY?
d within 2 in pencil i Exominer Exle page ond in or		FATHER'S NAME Vance C. Lease	14 MOTHER'S MAIDEN NAME Mary L. Shook	
executed within sading in pencil Medical Exomine to permit. File page emoval, and in a	15 (Y	on or unknown) Alt was given were as doles of service)	informant Address a. Allen M. Bridges, Craddock R	Md. d. Cresaptown
be executed "pending" hief Medical ansit permit.		THE CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) CORO	WARY OCCLUSION	INTERVAL BETWEEN ONSET AND DEATH SULDDEN
INER: This certificate should be executed within 24 scertificate, writing the word "pending" in pencil in should be forwarded to the Chief Medical Exominer's fles. 3 should be used as a bural-transit permit. File pages int, prior to burial, cremation, or removal, and in any		rise to immediate couse (o), (RONARY SCLEROSIS	
ificote iting t irded if os a al, cre		lost. (c)		The state MINORAL
This cert ate, wr be forwed to buri	ATTON	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO) THE TERMINAL DISEASE CONDITION GIVEN IN MART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO [X]
NER: This certificate. hould be fo les. should be to the should be to the should be to the prior to be the prior to be the prior to be the should be the sho	L CERTIFICATION	PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH.) (Enter noture of injury in Port I or Port II of item 18.)	
EXAMINER: cute the cert oge 4 should your fles. Page 3 shouled ogent, pri	MEDICAL	Hour om 19 While Not While of work of work	octory, street, office b dg', etc.)	ounty) (State)
AL EXA execute ir. Poge I for you rok: Poge		21. I certify that I took charge of the remains described above, I death resulted fram. Natural causes [XX] Accident []. Su	held an Autopsy 🔲, Inspection 🔀, Inquiry 🛣. ucide 🗍, Hamicide 🗍 Undetermined monner 🗍	, ,
o DEPUTY MEDICAL EXAMINER: The necessory, please execute the certificate funeral director. Page 4 should be more be retained for your files. Funeral directors: Page 3 should Health or its designated agent, prior		ACTUAL Genedict Sketareli	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
o DEPUTY necessory, if the funerol 5 may be r 6 FUNERAL Health or it		EXAMINER'S NAME (Type) BENEDICT SKITARELIC	M.D. Address (Street, city, town, or counQUMBERLA	ND, MARYLANI
To DE the f 5 mc	230	BURIAL (REMATION, 23b DATE THEREOF 23c NAME OF CEMETERY O BEMOVAL (Specify) 9/1/67 Lease Cemete	R CREMATORY 23d LOCATION (City or Town) THE Cresaptown. Alle	(County) (State)
VR ATSME (5)	24	FUNERAL DIRECTOR ADDRESS H. Wayne George Cumberland Md.	250. REC'D BY REGISTRAR 25b REGISTRARS	SIGNATURE QUESTION



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10349 EXAMINER'S CERTIFICATE OF DEATH FOR STATE I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY b COUNTY 0 Allegany Allegany MARY, AND Maryland b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)

Cumberland c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 & Depart Cumberland d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS ecute the certificate writing the ward "pending" in pencil in Item 18 G ve Pages 1, Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm 102 Bedford Street YES NO TYPE MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death 3 NAME OF 4 DATE DECEASED George (Type or print) Button DEATH August 6 COLOR OR RACE 9 AGE [n years IF UNDER 24 HRS DATE OF BRITH NEVER MARRIED 718st b rthdoy) Months in any event within 72 haurs after death WIDOWED DIVORCED Male White 10o. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT INDUSTRY US.A. Cumberland, Md. Retired 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN MITAL STATE Hemopericardium IMMEDIATE CAUSE (o) DUE TO Rupture of Dissecting Aneurysm Conditions, Lony, which gave] rise to immediate couse (o), DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) cremation, ar removal, YES NO 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter nature of njury in Port I or Port II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Home, form, (County) 20c I.ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20f (City or lown) (State) Hour o.m. foctory, street, office bldg , etc.) Not While moy be retained far your FUNERAL DIRECTOR: Page of work ___ of work 21. I certify that I took charge of the remains described above, held an Autopsy 📆, Inspection X X Inquiry 🔽 , and in my apinian Natural causes X Accident Suicide . Hamicide Undetermined manner death resulted fram: the funeral director. TO FUNERAL DIRE CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MED CAL EXAMINER DEPUTY MEDICAL EXAM NER August **EXAMINER'S** BENEDICT SKITARELIC. NAME (Type) Address (Street, city, town, or county) 230 BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Sunset Memorial Park Cumber and, Ma. 24 FUNERAL DIRECTOR 250 RECD BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15ME (5) (Comberland, Md. 1967 6M 1/67 STEIN FUNERAL HOME

MARYLAND STATE DEPARTMENT OF HEALTH

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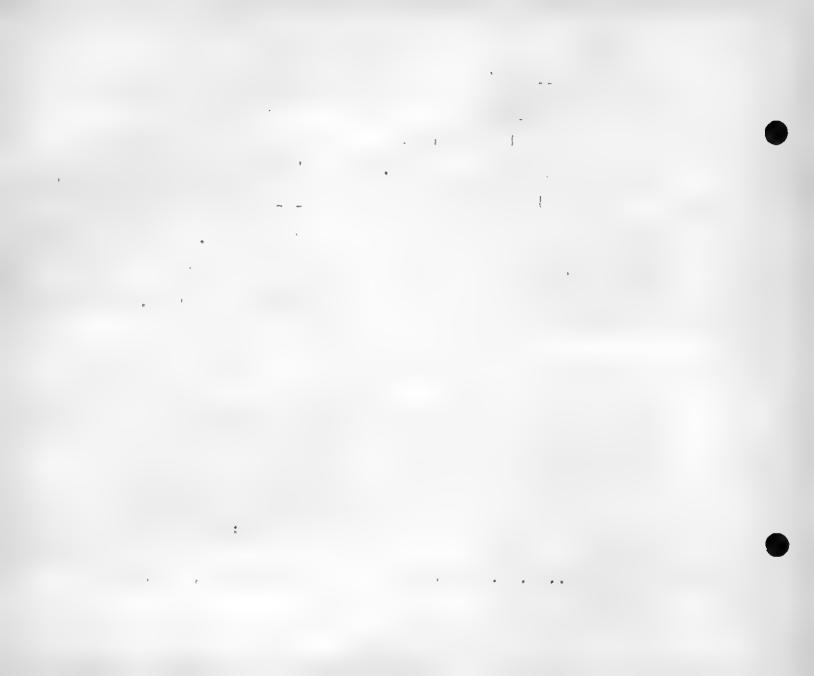
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VR A15 (4) 25M 1/67 24. FUNERAL DIRECTOR

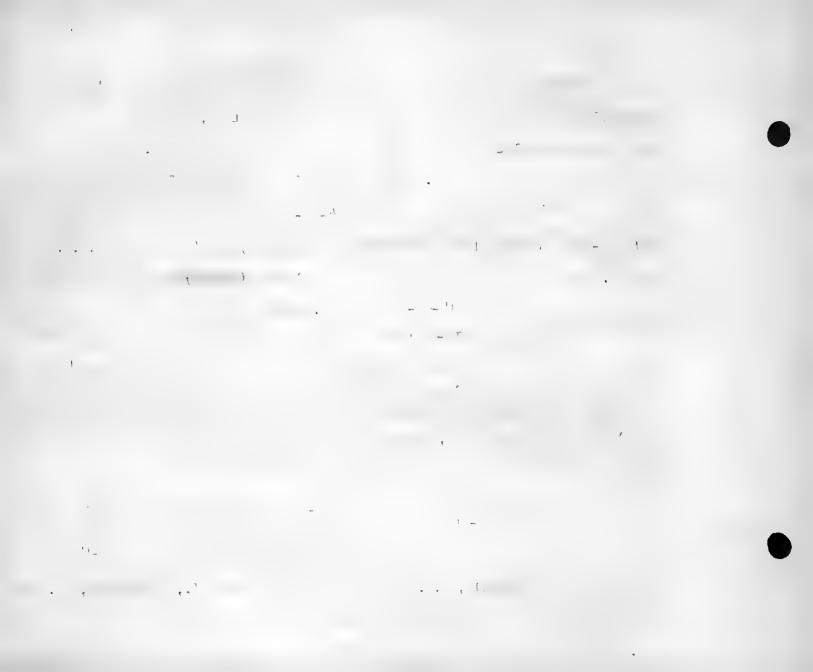
LEE. SILCOX

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10352 10352 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admiss an) a. COUNTY a. STATE MARYLAND **ALLEGANY ALLEGANY** MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

CUMBERLAND c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 DAYS CUMBERLAND. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCI ON A FARM? SACRED HEART HOSPITAL 535 CUMBERLAND ST. YES NO TX 3. NAME OF Middle Last 4 DATE Month Year DECEASED GEORGE COOK **AUGUST** Clauson (Type or print) DEATH S. SEX AGE (In years last birthday) IF UNDER 1 YEAR I IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WHITE MALE WIDOWED DIVORCED [4-28-87 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY **PRESIDENT** RETIRED -BANK VICE BANKING HYNDMAN, PENNA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME . . cremotion, or remayal, AMANDA (Clausen) JAMES H. COOK COOK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates af service) 214-05-4160 HOSP. RECORD 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the buriol-transit p LONSTITUTE BROWN PART I. DEATH WAS CAUSED BY: CYSTO-PYELITIS IMMEDIATE CAUSE (o) DUE TO STATUS AFTER CVA 14 MOS Canditions, if any, which gave " rise to immediate couse (a), DUE TO ACVD stating the underlying cause 24 MOS 19. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) HYPERTROPHY OF PROSTATE, BENIGN YES 🗆 NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice bldg., etc.) Not While at work 21. I certify that (I) (this hospital) attended the deceased from - Z4 19.53 ta 8 - 13 , 19.67, that (1) (we) last director, page 3 should should be filed with the and that death accurred at 10 P M, from causes and on the date stated above. saw the deceased alive an 22a, SIGNATURE 22b. DATE SIGNED 8 -14=67 **ATTENDING** MED. DIRECTOR STAFF M.D 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) RALPH BALLIN, M.D. 62 GREENE KST. CUMBERLAND MD 21502 23b. DATE THEREOF 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) 8/16/67 Cumberland Allegany Maryland Rosehill Cemetery 2Sb REGISTRAR S SIGNATURE 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 1967 AUG H. Lee Silcox Cumberland, Maryland 21502 DATE



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3 6 2 5	
FOR STATE	10353 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1035	3
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rs ofte 18. Gi	Male White WIDOWED DIVORCED Jan. 9, 1906 61st birthdoy) Months Doys	F UNDER 24 HRS Hours Min,
thin 24 hours ofter death If any one in them 18. Give Poges 1, 2, a niner's Office along with form PM poges I and 2 with the State-Depart ars ofter death	100 US_AL OCC_PATION (G ve kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II BiRTHPLACE (State or foreign country) 11 BiRTHPLACE (State or foreign country) 12 CITIZEN OF W COUNTRY? Self-employed painter Auto paint shop Oakland, Maryland 13 CITIZEN OF W COUNTRY? 14 CITIZEN OF W COUNTRY? 15 CITIZEN OF W COUNTRY? 16 CITIZEN OF W COUNTRY? 17 CITIZEN OF W COUNTRY? 18 CITIZEN OF W COUNTRY?	A.
within n pencl Exomine File pog 2 hours	13. FATHER'S MAIDEN NAME Nelson Custer Martha Shoemaker	
executed and in Medical E. Permit F. Within 72	15 WAS DECEASED EVER N U.S. ARMED FORCES? (Yes, no or unknown) (If yes give wor or dotes of service) 16 SOCIAL SECURITY NO 220-07-6347 Mrs. Hazel H. Custer, Craddock Rd.	wn, Md.
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TO DE neces the fi 5 mo TO FUN Heoft	230 BURIAL, CREMATION, REMOVED BY BAZE THEREOF 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (CITY Town) (COUNTY) SUPERIOR BURIAL REMOVED BY BURIAL PARK Cumberland, Allegan	(Stote)
VR A15ME (5) V	24 FUNERAL D RECTOR ADDRESS 250 RECD BY REGISTRAR 25b RECISTRARS 5 GNATURE H. Wayne George Cumberland, Md. DATE AUG 28 1967 Clientes	udge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10354 CERTIFICATE OF DEATH

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	TH				Where deceased	lived, if institution:	Residence before	odm ssion)
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CUMB	ERLAND, MD.	1 MONTH	I DAY	KEYSE	R. WEST	VIRGINIA	25	7.7
d. NAME OF HO	SPITAL OR INSTITUTION (If not in h	ospital, give street address)	d. 5				(IS RESIDENCE
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(Yes, no, or unkno		(e)						
NO		234-58-1515	L HO	OSPITAL R	ECORD	900 SET	ON DRIVE	
18. CAUSE C	F DEATH (Enter only one couse per	line for (o), (b), ond (c).)			16	17		RVAL BETWEEN
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		Jecey 19 57,0	nd that dec	ath accorred at	XX M, f	ram causes on		
220. SIGNAT	RE, (1/	CA . 1/1-1		ATTENDING	MED	STAFE	22b. DATE SIGN	ED
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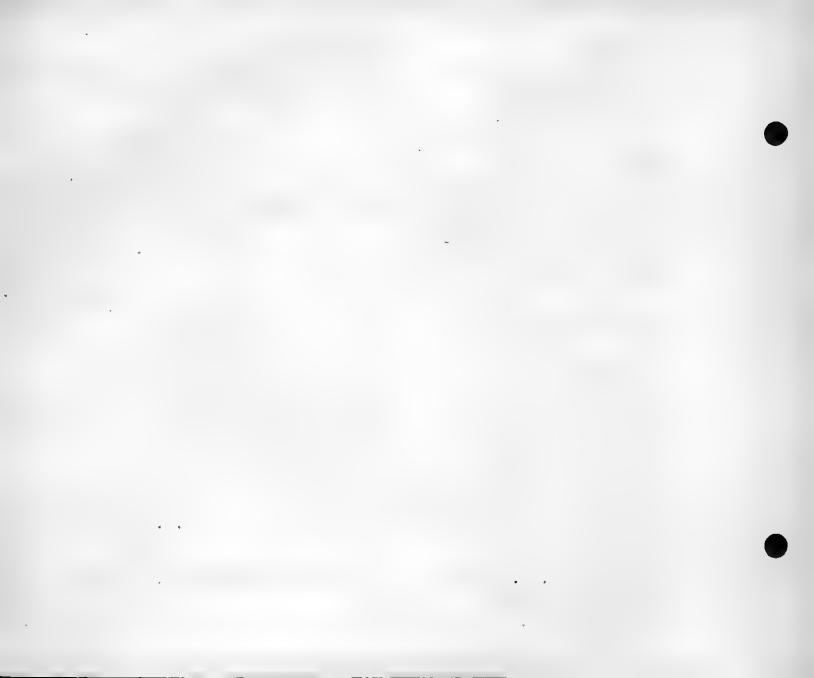
(County) (Stote) Mineral Co . 23c NAME OF CEMETERY OR CREMATORY BURIAL, (REMATION, REMOVAL (Specify) 23d LOCATION (City or Town) 230 Aug. 24,1367 Family Cem., Knobley, V. Virginia Scarpelli, Curberland, Md. 2865 2865 267

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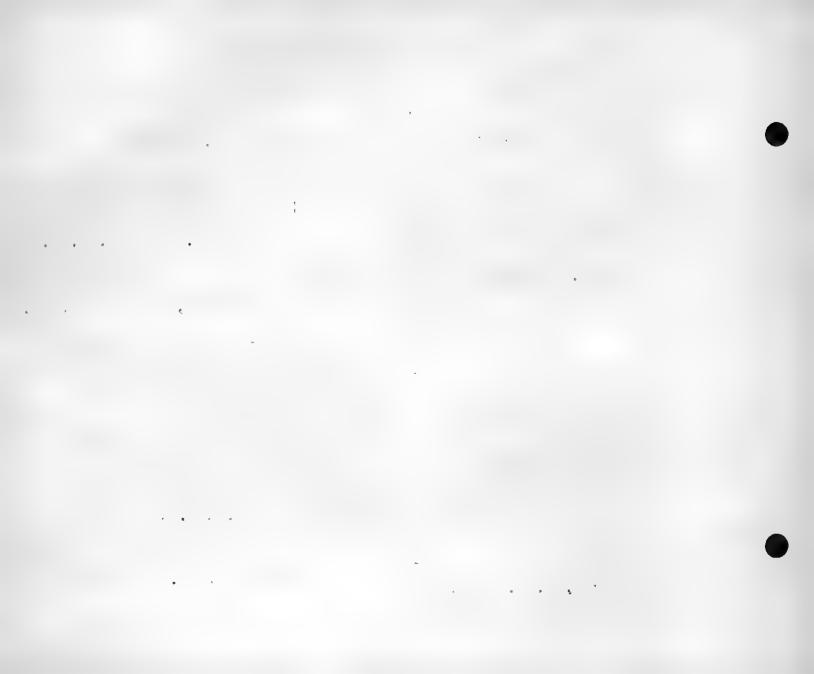
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MARYLAND STATE DEPARTMENT OF HEALTH



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OR STATE		19357 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 103	
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with		Fr. J mes D. Eckard, Cum erland, I'd.	
ii in fi ong ansit ioval,		18. CAUSE OF DEATH [Enter only one causa per lina for (a) (b., end (c), PART I. DEATH WAS CAUSED BY:	
alo alo trar emo		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Sudde	en
rial Pr r		T AU DUE TO	
= O 3 0		Coronary Sclerosis Gave rise to immediata causa	
ding as a		(a), staling the underlying DUETO	
amii sed crer	_	cause last. (c)	
ord is the state of the state o	ICATION	PART II. OTHER SIGNIFICANT COND.TIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAL	S ALTOPS
\$ 3 m 5	FICA	YES T	№ 🗶
Medii Medii Shoulk	CERTIF	20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18) PRIMARY ☐ or CONTRIBUTING ☐	
writing a Chief A Page 3 s		CAUSE OF DEATH.	
50%.	MEDICAL	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. [Cly or lown, [County]] Hour a.m. While Not While factory, street, office bldg., etc.]	(State)
to the OR: Po	₹	p.m. 19 at work at work	
of D D		21 I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry	opin'on
ertificaded designated		death resulted from: Natural causes XX Accident , Suicide , Homicide , Undetermined manner	
desi		ACTUAL CHIEF MEDICAL EXAMINER	
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H	23	I Flat. Aug. 23, 1 of Sunset Momorial Paris Cumberland, I'd. Allega: L FUNERAL DIRECTOR 248 REC'D BY REG STRAR 246. REGISTRAR S SIGNATURE ADDRESS 248 REC'D BY REG STRAR 246. REGISTRAR S SIGNATURE	nj'
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CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 27 HRS. FROSTBURG FROSTBURG d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? MINERS HOSPITAL 57 FROST AVENUE NO X YES NAME OF First Middle DATE Month Year DECEASED AUGUST B. F. **EDWARDS** UPTON 5, 67 (Type or print) DEATH 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH 9. AGE (in years IF UNDER I YEAR IF UNDER 24 HRS **NEVER MARRIED** dost birthday) Months Haurs MALE MAY WHITE 13. 1875 WIDOWED DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT RETIRED BUYER COUNTRY? MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BENJAMIN O. EDWARDS EMMA J. DAWSON 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 57 FROST AVE. 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service 213-01-5940 MRS. JOSEPH DURST, FROSTBURG, MD. 1B. CAUSE OF DEATH (Enter only one cause per line for (a) a(b), and (c) PART I DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO X 20g ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Hame, form (County) (Stote) 20d INJURY OCCURRED (City or town) 20c TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bidg., etc.) While at work L 196210 196 / that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from 19 67, and that death occurred at 22 M, from causes and on the date stated above saw the deceased alive an. 22a SIGNATURE MED DIRECTOR

23o. BUR AL, CREMATION,

22c PHYSICIAN'S

NAME (Type)

The law requires that the death certificate be executed within

ro Hospital or Attent Page 4 may be retained

TO FUNERAL DIRECTOR:

VR A15 (4) 25M 1/67

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BUR LAL FBG. MEMORIAL PARK 24 FUNERAL DIRECTOR ADDRESS

23h DATE THEREOF

JOSEPH R. DURST, SR., FROSTBURG, MD.

MARTIN ROTHSTEIN, M. D.

23d. LOCATION (City or Town) FROSTBURG, MD. 25o. REC D BY REG STRAR

48 BROADWAY, FROSTBURG, MD.

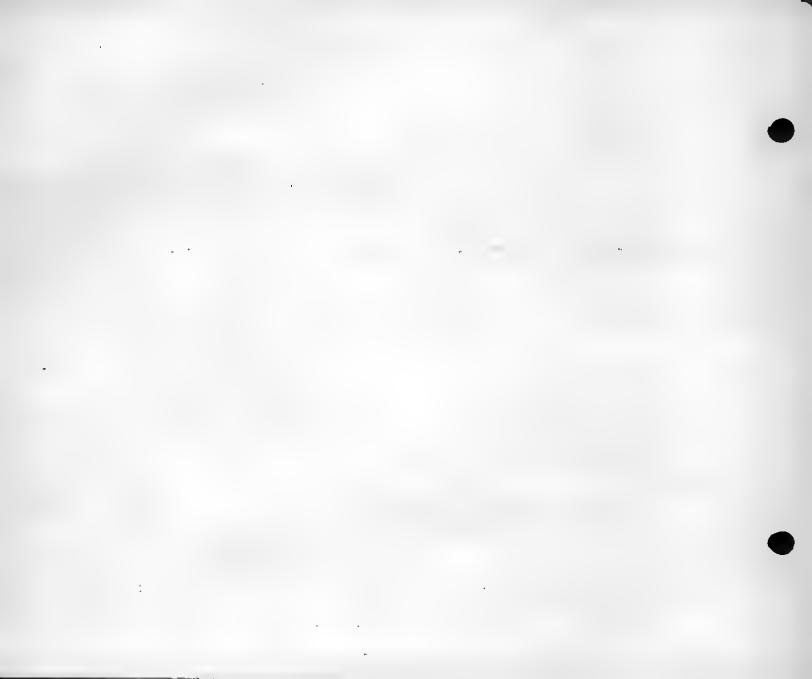
22d ADDRESS

23c NAME OF CEMETERY OR CREMATORY

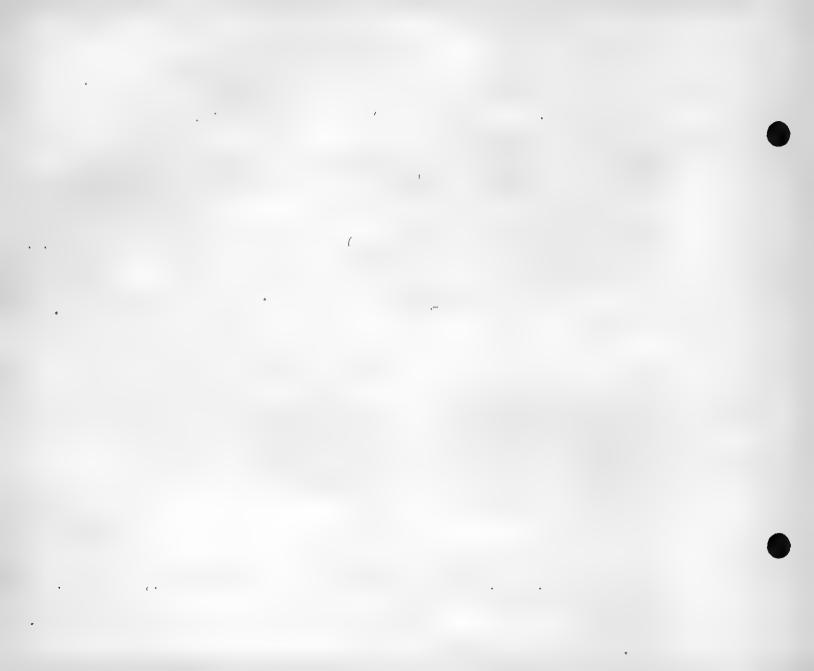
(County)



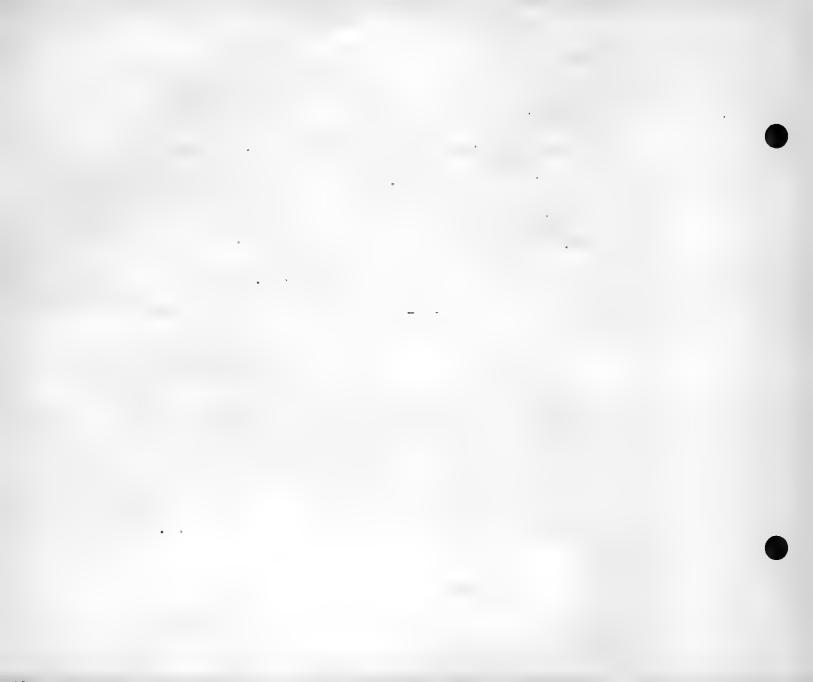
_ 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212	201
OR STATE	10050 MEDICAL EYAMINED'S CEDTIFICATE OF DEATH	10359
FALTH DEPT.	1 PLACE OF DEATH a COUNTY Allegany MARYLAND 2 USUAL RESIDENCE (Where deceased lived, if institution: Resident o STATE Pennsylvania 5 COUNTY Pennsylvania 5 COUNTY Pennsylvania 5 COUNTY Pennsylvania	see bulges admission)
Pages 1, 2, and 3 to with farm PM3. Page, State Department of 2 hours after death	b CITY OR TOWN (If outside carporate imits c LENGTH OF STAY N 1b crite RURAL and give nearest town) 1 day Wellersburg	e nearest tawn)
	d NAME OF HOSPITAL OR NSTITUTION (If not in hospital, give street address) Sacred Heart HOspital d STREET ADDRESS	e IS RESIDENCE ON A FARM? YES NO
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haurs after d tem 18. Give Office alang v and 2 with th	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years lost birthday) Male White WIDOWED DIVORCED Pebruary 22, 1915 52 yrs	Doys Hours Min
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ited within pool cal Examine at File page at, and in a	Russell Emerick 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng, ar unknown) (II yes give wor ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
shauld be execute ne ward "pending" ta the Chief Medical burial-transit permit matian, ar remaval,	No 214-01-3650 Donald Emerick, Wellersburg, Pa. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. CEREBRAL HEMORRHAGE	INTERVAL BETWEEN 3084 OND PSATH
	Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause (b) DUE TO DUE TO HYPERTENSIVE CARDIOVASCULAR DISEASE DUE TO	But day has
This certifica cate, writing se farwarde be used as ta burial, c	lost. (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
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AL EXAMINER: execute the certifuction of the c	Hour a.m. While Not While tatwark at wark to at wark t	unty) (State)
MECTAL EXAMIN please execute the director. Page 4 sh retained far yaur fill DIRECTOR: Page 3 s ts designated agent	21. I certify that I took charge of the remains described above, held an *XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ond in my apinion
	SIGNATURE SIGNATURE DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER XX August 22,	
TO DEPUTY necessary, the funeral 5 may be 1 TO FUNERAL Heaith ar 1		(Caunty) (State)
VR A15ME (5)	24 FUNERAL DIRECTOR Harvey H. Zeigler, Hyndman, Pa. ADDRESS DATEAUG 28 866 286	Mar Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10360 19360 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) a. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND MARYLAND ALLEGANY c LENGTH OF STAY IN 1h b CITY OR TOWN (If outside corporate limits c CITY OR TOWN (If autside carparate amits, write RURAL and give negrest tawn) CUMBERLAND We negrest town) 14 DAYS CUMBERLAND, MD. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? SACRED HEART HOSPITAL 850 SPERRY TERRACE NO EX NAME OF First Middle Last DATE Month Year DECEASED **GEORGE** ERLING **AUGUST** JOHN 67 19 DEATH S SEX 6. COLOR OR RACE 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED last birthdoy) MALE WHITE WIDOWED DIVORCED 6-2-88 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life even if retired)
SELF EMPLOYED REFRIGERATION (COMMERCIAL) GERMANY, Marne 13 FATHER'S NAME & Scales sales 14 MOTHER'S MAIDEN NAME equirment or removol, Kristina Warkers Mathias Erlina 17 INFORMANT Mrs. Helen Erling Add 50 Sperry Terrace HOSPITAL RECORD Cumberland, Md. 16. SOCIAL SECURITY NO (Yes, no, at unknown) (If yes give war or dates of service) 467-09-7680 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH ? IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave autenoularous nse ta immediate cause (a), DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPS'
PERFORMED? anterroseteratei heart deal and NO D YES [20a ACC DENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) Not While factory, street, affice bldg, etc 1 at wark 21. I certify that (I) (this hospital) attended the deceased fram-. 1967, that (ID (we) last and that death accurred at 12.83 M, from causes and on the date stated above saw the deceased glive an_ 22a SIGNATURE 22b. DATE SIGNED DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) DR. S. G. WEISMAN GREENE ST., CUMB., MD., 21502 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) BREMOYAL (Specify) 8/22/67 Hillcrest Burial Park Cumberland, Allegany REGISTRAR 256 REGISTRARS SIGNATURE REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 H. Wayne George Cumberland, Maryland



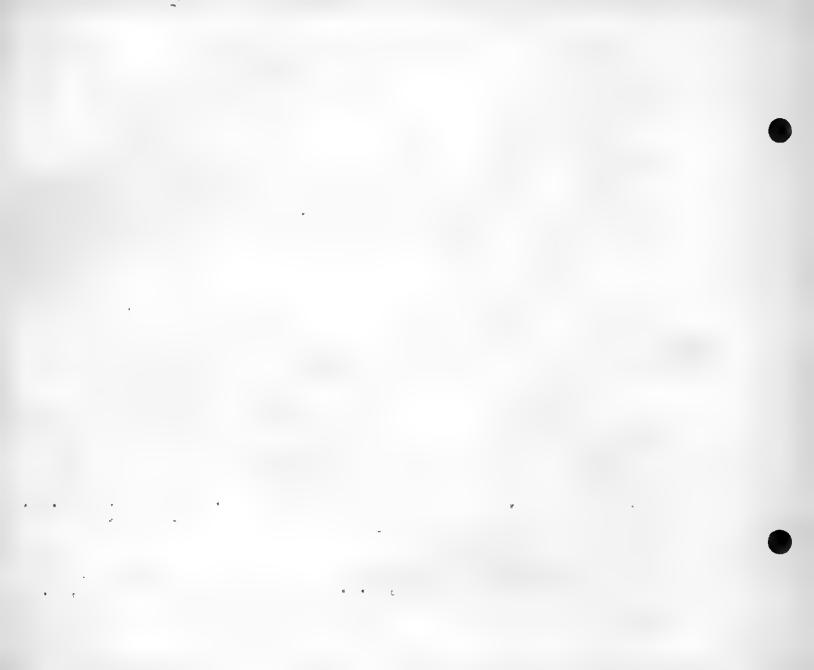
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10361 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours ofter death de de PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND MARYLAND **ALLEGANY** b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag hin 72 hours (write RURAL and give negrest town)
CUMBERL CUMBERLAND DAYS .⊆ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARMA d STREET ADDRESS completely filled RT. #1,BOX MEMORIAL HOSPITAL NO A NAME OF Middle First Lost DATE Year DECEASED DANIEL S. EVANS AUGUST 26 67 19 (Type or pnnt) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIEDXI 8. DATE OF 81RTH 9. AGE (In years **NEVER MARRIED** lost bythdoy) 6 3yrs. Months Dovs Hours MALE 2-11-04 in ony WHITE WIDOWED DIVORCED 10b KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 10o USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT during most of working life even if retired) INDUSTRY COUNTRY? USA puo Electrician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, THOMAS F. EVANS MARY L. KIMMELI 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17 INFORMANT HOSPITAL. CUMBERLAND, MD. 705**-1**2**-5**661 NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line fgs, (o), (b), ond (c). signed by the bursol-tronsit burial, cremati PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave) rise to immediate couse (a), DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES. NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) 20g. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) be retained by the Hour o.m. foctory, street, office bldg . etc.) Not While at work ot work DIRECTOR: After 21. 1 certify that (1) (this haspital) attended the deceased from . 10 and that death occurred at 5:55M. AanMauses and an the date stated obave saw the deceased alive on 22o. SIGNATURE 22b M.D DIRECTOR PHYS director, page should be filed 22d ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) CUMBERLAND, MARYLAND DROSS 23d LOCATION (City of Town) 23a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (Stote (County) REMOVAL (Specify) Burial Hyndman Cemetery Hvndman Bedford REC'D 8Y REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Byron Kight Cumberland, Md.



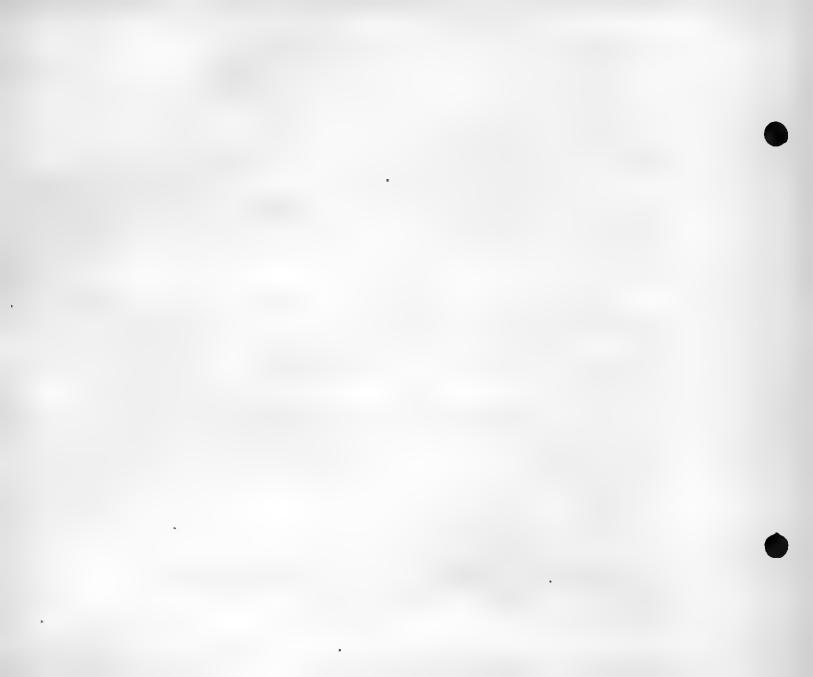
MARYLAND STATE DEPARTMENT OF HEALTH



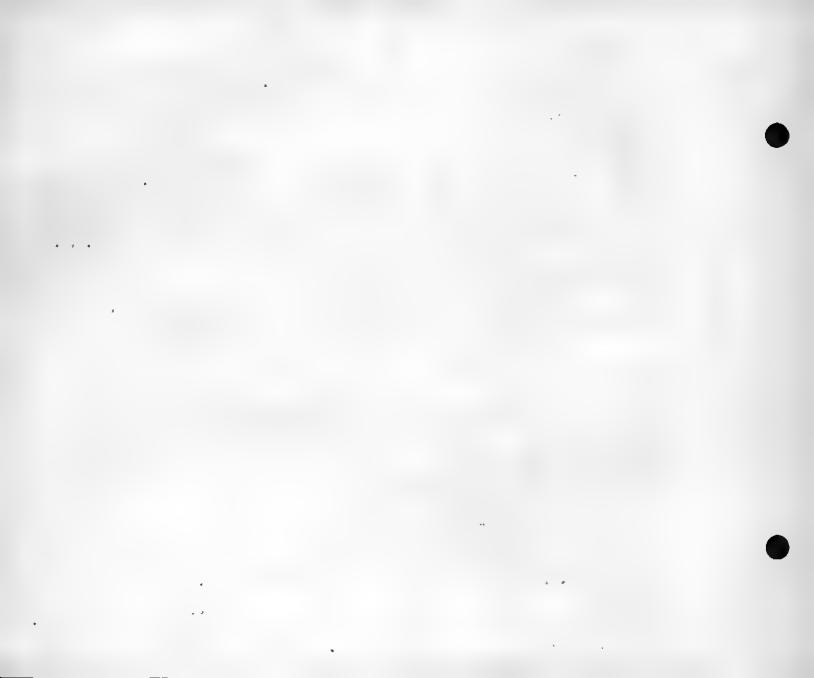
	Item 20b Film 392 8-23-6MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	10363 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 103	363
HEALTH DEAT	o. COUNTY Allegany MARYLAND 2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence be constitution. Residence be county Alle	efore odmission)
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Give Page Sing with th the Star	3 NAME OF First Middle Lost 4 DATE Month DECEASED (Type or point) Nary Frances Goss DEATH Aur. 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 18 DATE OF BIRTH 9 AGE (In years FUNDER LYEAR	Doy Year 12 19 67 AR IF UNDER 24 HRS
in 24 haurs of ii in Item 18. ner's Office ald ages 1 and 2 wi s after death.	Female White WIDOWED DIVORCED Jan. 19,1922 45 ost bribdoy) Months Do. 100 LSJAL OCCUPAT ON (Give kind of work done during most of working the even freshed) 10 KIND OF BLS NESS OR 11 B RIHPLACE (Stote or foreign country) 12 C TIZEN COUNTRY Glass Co. Cumberland, Md. COUNTR	OF WHAT
executed with sinding" in penimedical Exami: File primit. File primitin 72 hour		INTERVAL BETWEEN
INER: This certificate shauld be executed within 24 haurs after death If a should be farwarded to the Chief Medical Examiner's Office along with farm files. 3 should be used as a bunal-transit permit. File pages land 2 with the Stare Deptation, or remayal, and in any event within 72 hours after death.	Conditions if ony, which gove rise to immediate cause (a), stoting the underlying couse last Conditions if ony, which gove rise to immediate cause (a), stoting the underlying couse last	t days
R: This certificate, writing the farwal be farwall be used or remaval.	200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port Lor Part II of item 18) PRIMARY CONTRIBUTING Passen er in auto involved in accident.	19 WAS AUTOPSY PERFORMED? YES X NO
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TO DEPUTY MEDICA necessary, please e.g. the funeral director 5 may be retoined TO FUNERAL DIRECTOR (9) Health prior to burn	EXAMINER'S NAME (Type) BENEDICT SKITARELIC, M.D. Address (Street city fown, or count Cumberland) 230 BLRIAL (REMATION, BITTLAT Aug. 14, 1987 Rest Lawn Memorial Gender La Vale, Md. A. 24 FUNCRAL DRECTOR James F. Scarpelli, Comberland, Md. DEPUTY MEDICAL EXAMINER X August 12. Address (Street city fown, or count Cumberland) Address (Street city fown, or count Cumberland) 230 BLRIAL (REMATION, City or Town) (Count Cumberland) Address (Street city fown, or count Cumberland) 231 LOCATION (City or Town) (Count Cumberland) ADDRESS 242 FUNCRAL DRECTOR ADDRESS DEPUTY MEDICAL EXAMINER X August 12. Address (Street city fown, or count Cumberland) 232 LOCATION (City or Town) (Count Cumberland) ADDRESS 243 FUNCRAL DRECTOR ADDRESS DATE THEREOF 236 NAME OF CEMETERY OR (REMATORY) 244 FUNCRAL DRECTOR ADDRESS DATE THEREOF 236 NAME OF CEMETERY OR (REMATORY) 255 PEC D BY REGISTRAR 250 PEC D BY REGISTRAR DAUG 17 1967 FUNCATION	unty) (Stote)
6M 1/67	oames r. Scarle it, Compertand, Md.	1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10364 CERTIFICATE OF DEATH 10364 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed-within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY ALLEGANY b COUNTY MARYLAND ALLEGANY MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give mener town AND Sapers. Pag in 72 hours (6WKS 4DAYS BARTON .≘ d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? erely Tilled MEMORIAL HOSPITAL ROUTE NO X within Middle NAME OF 4. DATE Manth Last Year DECEASED GREEN CLARENCE R. AUGUST 19 67 (Type or print) DEATH 6. COLOR OR RACE IF UNDER 24 HRS 7. MARRIED X DATE OF BIRTH AGE (In years IF UNDER I YEAR NEVER MARRIED 3-18-85 last buttiday) Haurs WHITE MALE WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 13 BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) **COUNTRY?** USA MARYLAND 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, GUNNY MCMULLEN FRANK GREEN 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) (If yes give war ar dates of service) 17, INFORMANT Address 16. SOCIAL SECURITY NO. MEMORIAL HOSPITAL, CUMBERLAND, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO buriol, Canditians, if any, which gave] rise to immediate cause (a), DUE TO stating the underlying cause this certificate hos been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) 20c. TIME OF INJURY Month, Day, Year Haur a.m. factory, street, affice blda., etc.) Nat While 19 at wark at wark 21. I certify that (I) (this haspital) attended the deceased fram 196 be retained and that death accurred at 3:40 A. John causes and an the date stated above FUNERAL DIRECTOR: saw the deceased alive an_ 22a SIGNATURE 22b. DATE SURNED ATTENDING DIRECTOR PHYS director, page should be filed 22d CUMBERLAND, MARYLAND 22c. PHYSICIAN'S DR. WEISMAN NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION. (County) (State) REMOVAL (Specify) Laurel Hill 8/21/67 Moscow Mills Md_{-} 2 ADDRESS 25a REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Westernport, Md.

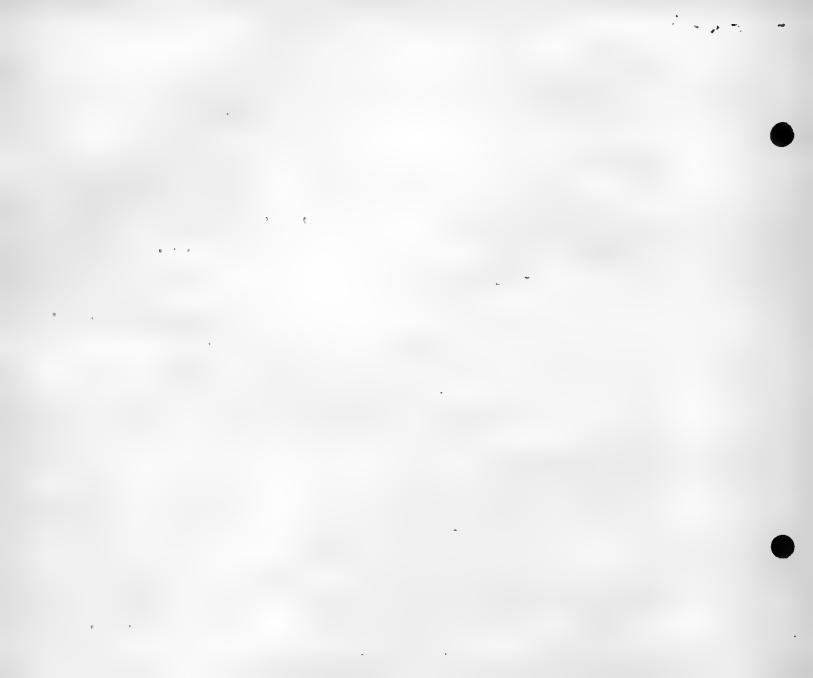


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 10365 10365 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Md. o. COUNTY **b.** COUNTY Allegany Allegany MARYLAND b. CITY OR TOWN (If outside corporate i mits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) 60 Yrs Westernport e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS filled i 219 Wood 219 Wood YES [NO X NAME OF Firs! Middle 4. DATE Lost Month Year Dov and campletely DECEASED 0F Thomas Guv 23 event, Aug. 19 67 (Type or print) DEATH remove car SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (n years IF UNDER I YEAR IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** last birthdoy) Months Male White April 29. 1900 WIDOWED DIVORCED and in any 10a USJAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT physician Allegamy -Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remayal, attending phys Frederick Guy Margaret Powers 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service Pansy Guy Westernport. Md. , crematian, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I DEATH WAS CAUSED BY corcinoma of stomach signed by the ONSET AND DEATH IMMEDIATE CAUSE (o) ... Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO far use as the t Health prior tab stoting the underlying couse this certificate has been last. WAS AUTOPS)
PERFORMED? PART .I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING L detached for the Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, farm, 20t TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While 2). I certify that (1) (this haspital) attended the deceased fram. 1967, to AUG 1967, that (1) (we) last director, page 3 should should be filed with the and that death accurred at 6 15 M, fram causes and on the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an 22o SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. PHYS. ADDRESS Piedmont, W.Va. 22c PHYSICIAN'S 22d. P.R. Wilson NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL, CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMDIVAL (Specify) 8/26/67-Philos Westernport Md. 250. REC D BY REGISTRAR 25b FUNERAL) DIRECTO AD DRESS VR A15 (4) 25M 1/67 Westernport, Md.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10366 10366 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death). PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATULARY Land **B. COUNTY** Allegany MARYLAND b. CITY OR TOWN (f outside carparate limits, c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 write RURAL and give nearest town) Lonaconing Lonaconing d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? Kyle Nurseing Home carbon NAME OF Middle First Last 4 DATE Manth Day Year DECEASED 0F HELEN HADLEY 8/27/1967 M (Type or pnnt) ĎĖATH 19 S SEX 6 COLOR OR RACE 7 MARRIED X 8. DATE OF BIRTH 9. AGE (in years F UNDER IF UNDER 24 HRS. NEVER MARRIED last burthday) Manths Hours Days White Oct.6th. Female WIDOWED DIVORCED IDa USUA, OCCUPAT ON (Give kind of work done 1Db KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife INDUSTRY COUNTRY? Lonaconing .Md. 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME Eva Williams John Miller WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (Yes, na, or unknawn) (If yes give war ar dates of service) None Casper Hadley Lonaconing. Md. Husband INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY. burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO Canditions, if any, which gove rise ta immediate cause (a). DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending os the O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO jo 2Do ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 2De PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c TIME OF INJURY Manth, Doy, Year Hour o.m. factory, street, office bldg., etc.) of work of work 21. I certify that (I) (this haspital) attended the deceased fram 1001. , 1966, to Cua 2), 1967, that (1) (ve) last 2-1967, and that death occurred of_ M, fram coves and on the date stated above saw the deceased alive on_ 22b. DATE SIGNED 220 SIGNATURE 38.6 PHYS. director, page 3 shauld be filed v PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d LOCATION (City or Tayen) 23a. BURIAL, CREMATION, (County) (State) Burial Memorial Park
ADDRESS Frosthurg, 8/30/1967 250. RECTO BY REGISTRAPS 67 24. FUNERAL DIRECTOR 25b , AEGISTEARS STANA VR A15 (4) (*) 20 M 1/66 George Eichhorn Lonaconing,

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10364MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) COUNTAllegany . SIATE. Virginia b. COUNTY delay is and 3 to M3. Page MARYLAND ineral c CITY OR TOWN (If autside carparate imits, write RURA, and give negrest tawn) b CITY OR TOWN (flautside carparate limits, c LENGTH OF STAY N 1b pup 2, and PM3. Cumberland, ed. 5hrs Ridgeley d NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give street address) d STREET ADDRESS e IS RESIDENCE farm ON A FARM? Memorial Hospital 12 Second Street in penci in Item 18. Give Pages YES NO F This certificate should be executed within 24 haurs after death 3 NAME OF Middle Lost 4 DATE Fist Month Day Year DECEASED OF Villa 1967 Virginia DEATH August (Type or print) Farness AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH 7 MARRIED birthdoy) Months | Dovs Hours event within 72 haurs after death. Tal WIDOWED DIVORCED 1911 Office and 2 10a USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during roost of warking life, even if retired) Textile COUNTRY? Ind. Cwaberland, Maryland please execute the certificate, writing the word "pending" in penci in director. Page 4 should be farwarded to the Chief Medical Examiner's 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME William V. Giles <u>F</u> Nora McElwee IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, ar unknown) (If yes give war ar dates of service) Carter ... Harness 12 2nd St Kiddeley INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I DEATH WAS CAUSED BY Cerebral Hemorrrhage byrial-fransit IMMEDIATE CAUSE (a) DUE TO Hypertensive Carliovascular any Conditions if ony, which gove Disease nse ta immediate couse (a), ⊑ DUE TO stating the underlying couse PART I, OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ito) 19 WAS AUTOPSY PERFORMED? remayal, NO PE pe 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II at item 18) 3 should 50 PRIMARY [] or CONTRIBUTING [MEDICAL EXAMINER: CAUSE OF DEATH crematian 20c I.ME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or town) Haur a m. Nat While at work factory, street, office bldg, etc.) FUNERAL DIRECTOR: Page at wark 21 I certify that I taok charge of the remains described above, held an Autapsy ... Inspection x nquiry x and in my opinian Natural causes [25] Accident Suicide 🗍 death resulted from. Homicide Undetermined manner be retained CHIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health priar August 25, DEPUTY MEDICAL EXAMINER Benedict Skitarelic, M.D Address (Street, city, town, or county) Cumberland, Paryland NAME (Type) 23d LOCATION (City or Town) (County) (State) 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION, 50 BUREMOVAL Specify) 8-20-57 Junset L. morial Cu. berland 250. REC D BY REGISTRAR ALIG 3 0 1967 24. FUNERAL DIRECTOR VR A15ME (5) James F. Scarpelli Curberland, Md. 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH



e IS RESIDENCE ON A FARM?

YES XXNO X

Year

19 67

IF JINDER 24 HRS

TISA

INTERVAL BETWEEN

ONSET AND DEATH

19 WAS AUTOPS PERFORMED? NO

(Stote)

(State)

MD.

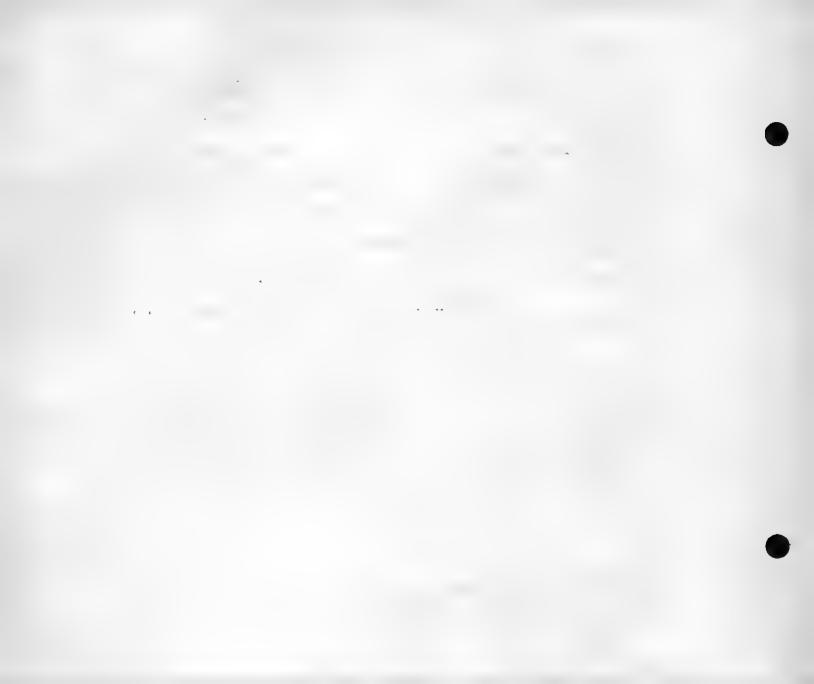
YES T

(County)

10368 CERTIFICATE OF DEATH O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY a. STATE **b** COUNTY MARYTAND ALLEGANY MARYLAND ALTEGANY b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) r LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1 DAY FROSTBURG. FROSTBURG. papers. hin 72 hc = d. NAME OF HOSPITAL OR INSTITUTION (If not in hospito), give street oddress) d. STREET ADDRESS filled MINERS HOSPITAL und hand NEW HOPE ROAD 3 NAME OF Middle 4 DATE campletely DECEASED HENRIETTA (Type or print) HIXENBAUGH AUGUST b DEATH 6. COLOR OR RACE JE UNDER 1 YEAR AGE (n years 7, MARRIED DATE OF BIRTH NEVER MARRIED lost b rindoy) Months WIDOWED TY DIVORCED JULY 23rd.1874 FEMALE 106 KIND OF BUSINESS OR INDUSTRY
OWN HOUSEWORK 10g USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT during most of working the even if retired)
HOUSEW IFE COUNTRY? MARYLAND 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME remayal. SILAS SCHRIBER SARA E. WARNICK 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (11 yes give wor or dotes of service) 17 INFORMANT 16 SOCIAL SECURITY NO Address ā MRS. FLORENCE DICKEY, RT.2.FROSTBURG. 220-10-2429A 18 CAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove to rise to immediate couse (a). DUE TO stoting the underlying cause has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) this certificate 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Idem 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form ((tty or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour o.m. Not While: 19 at work at work 21 I certify that (1) (this haspital) attended the deceased fram_ 19.4., that (I) (we) last _____, fa__ . 9 . 1 . 1 TO FUNERAL DIRECTOR: and that death accurred at M, from causes and an the date stated above saw the deceased alive an 22n SIGNATURE 22b DATE SIGNED MED STAFF DIRECTOR PHYS director, page should be filed 22c. PHYSICIAN S 22d ADDRESS NAME (Type) MARTIN ROTHSTEIN. BROADWAY. FROSTBURG, MD 23g. BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL (Specify) 8-20-67 HILLCREST BURIAL PARK CYMPERIAND. 250 REC'D BY REGISTRAR DA AUG 2 2 19 24 FUNERAL DIRECTOR **ADDRESS** JOSEPH R. DURST, SR.

FROSTBURG. MD

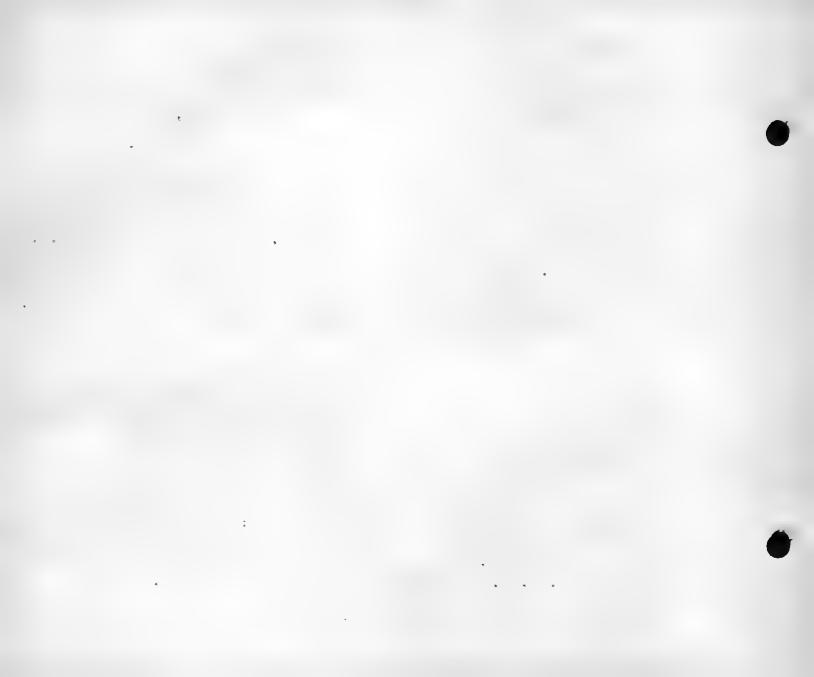
VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10369 FOR STATE HEALTH DEPI PLACE OF DEATH
a COUNTY USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o STATE b COUNTY 2, and 3 ta PM3. Page MARYLAND ALLEGANY ALLEGANY MARYLAND b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (if outside carparate imits write RURA, and give nearest town) haurs after **CUMBER LAND** CUMBERLAND d. NAME OF HOSP, IAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RES DENCE ON A FARM? glang with farm 706 Lafayette Ave. SACRED HEART HOSPITAL YES NO X in Item 18. Give Pages after death 3. NAME OF 4 DATE First Lost Day Year DECEASED 1967 HOLLAR August (Type or print) GEORGE DEATH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SFX 6 COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED XX NEVER MARRIED Clast birthdoy) Months Days 3-3-04 haurs WIDOWED DIVORCED event Male White 10a JSUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or fareign country) 12 CIT ZEN OF WHAT FSATRY? during most of working life, even if retired) R.C. Bottling pages l in any i Pennsylvania Everett pencil i 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed with n Myra Skillington Arthur Hollar XXX Deceased. and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT ar remayal. (Yes, no, or unknown) (If yes give war or dates of service 211-18-0845 Patients Chart 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) S WELLAND DEATH PART I DEATH WAS CAUSED BY: Pulmonary Embolism, Massive IMMEDIATE CAUSE (o) This certificate should s a burial-tra crematian, writing the ward DUE TO XMXM (During Surgery for Aortic Graft Conditions, if any, which gove rise to immediate cause (a). for Aortic Aneurysm) DUE TO stating the underlying cause PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION G.VEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? Arteriosclerotic Abdominal Aortic Aneurysm YES A NO 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part Lar Part Laf item 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year Not While factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page at wark designated Inquiry XX 21. I certify that I taak charge of the remains described above, held an Autopsy XX, Inspection XXI. and in my opinion Undetermined manner the funeral director. death resulted from Natural causes x x k Accident Suicide . Hamicide | CHIEF MED.CAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE ____ AUGUST 24. 1967 DEPUTY MEDICAL EXAMINER XX **EXAMINER'S** BENEDICT SKITARELIC, M.D. Address (Street, city, town, or count@umberland, Maryland NAME (Type) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b DATE THEREOF 0 REMOVAL (Specify) Hillcrest Burial Jumberland ...d. 25b. REGISTRAR'S SIGNATURE F. Scarpelli Cuberland, Md. 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Williams VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10370 103 0 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE ALLEGANY b. COUNTY ALLEGANY MARYLAND The law requires that the death certificate be executed within 24 haurs after ban papers. Pages within 72 hours afte b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAs and give nearest town) write RURAL and give nearest town) DAYS CUMBERLAND. MD. CUMBERLAND <u>_</u> d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE filled 60 ON A FARMA 1710 FREDERICK ST. MEMORIAL HOSFITAL NO 3. NAME OF Middle ınd campletely l remave carban Fust Lost 4 DATE Month Day Year DECEASED AUG RALPH C HUNT 67 event, (Type or pnnt) DEATH SEX 6 COLOR OR RACE IF UNDER YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years Months WHITE Dovs Hours MALE 4-22-02 Auo WIDOWED DIVORCED and 10b KIND OF BUSINESS OR 10o JSUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT physican a during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. and PENNA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, CHARLES A. HUNT LELA B. PERDEW 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service CUMBERLAND, MD. HOSPITAL MEMORIAL crematian, 18. CAUSE OF DEATH (Enter only one couse per injector (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit PART I DEATH WAS CAUSED BY: ONSET AND DEATH 2100 IMMEDIATE CAUSE (c DUE TO burial, 1 Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse by the hospital or attending ifter this certificate has been be detached for use as the State Dept. of Health prior ta last. (c) WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO OR ATTENDING PHYSICIAN: 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (Stote) 20c TIME OF INJURY Month, Day, Year (City or town) ((county) Hour o.m. factory, street, office bldg, etc.) Not While at work 21. I certify that (I) (this haspital) attended the deceased fram be retained 19 () /, and that death accurred M. fram causes and an the date stated above saw the deceased alive an 22o. SIGNATURE 22b DIRECTOR PHYS 22c. PHYSICIAN'S 22d ADDRESS FUNERAL DR. WILLIAMS CUMBERLAND. MD. NAME (Type) director, should be BURIAL CREMATION. 23CA NAME OF CEMETERY OR CREMATORY DATE THEREO LOCATION (City or Town) (County) 2 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 25M 1/67



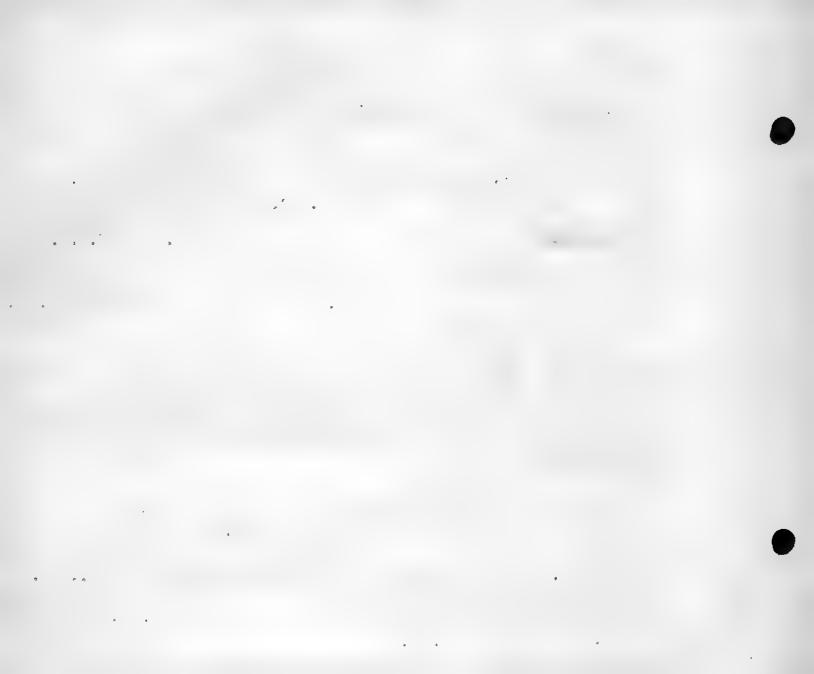
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10371 10371 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAPE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased yed, if institution, Residence before paim ssion) D STATE b. COUNTY o. COUNTY delay is and 3 to Page Maryland Allegany

C (TY OR TOWN (If outside corporate limits, write RURAL and give necrest town) b CITY OR TOWN (1 Sutside corporate limits, MARY, AND C LENGTH DE STAY IN 16 and 2, and PM3. 1 write RURAL and give negrest town) Potomac Park Maryland Cumberland 1 Day
d NAME OF HOSP TAL OR INSTITUT ON (If not a hospital, give street address) 1 Day e IS RESIDENCE ON A FARM? d STREET ADDRESS with form in pencil in Item 18. Give Pages 1, YES NO V Sacred Heart Hospital Potomac be executed within 24 haurs after death. 4 DATE 3 NAME OF First DECEASED Johnson DEATH August (Type or print) David along IF UNDER 24 HRS NEVER MARRIED T 9 AGE (n years F UNDER 1 YEAR 8 DATE OF BIRTH S SEX 6 COLOR OR RACE 7 MARRIED lost birthdoy) Months Dovs in any event within 72 haurs after death. DIYORCED | WIDOWED 11. 1966 White 10o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11 BIRTHP, ACE (Stote or foreign country) 12 CITIZEN OF WHAT 10b KIND OF BUS NESS OR COUNTRY? INDUSTRY ******* ***** Cumberland Wd. icate, writing the ward "pending" in pencil in be farwarded to the Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Richard R. Johnson

IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give wor or dotes of service) Joyce Currence 16. SOCIAL SECURITY NO. 17. INFORMANT Richard R. Johnson Potomac Park. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY: SUBARACHNOID - SUBDURAL HEMORRHAGE MMEDIATE CAUSE (o)_ DUE TO CONTUSION OF BRAIN (and tons, if any, which gave) rise to immediate couse (a), DUE TO stating the underlying couse 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) maya! CERTIF CATION YES X NO 20b DESCRIBE HOW NURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18) 200 EXTERNAL CAUSE WAS 3 should PRIMARY TO CONTR BUTING Child sustained fall at home CAUSE OF DEATH 20d INJURY OCCURRED 3 20e PLACE OF INJURY (Home, form 20f (City or town) (Stote) 20c T ME OF INJURY Month Day Yeor foctory, street, off ce bldg etc.) Not While FUNERAL DIRECTOR: Page of work Cumberland, Alleg. Md. of work Inspection X, Inquiry X and in my opinian 21. I certify that I taok charge of the remains described above, held an Autopsy [X]. Natural causes . Accident XI, Suicide . Homicide . Undetermined manner . death resulted fram: the funeral directar. be retained CHIEF MEDICAL EXAMINER Health priar ta 22. DATE SIGNED ASS STANT MEDICAL EXAMINER DEPUTY MEDICA, EXAMINER X August 28. 1967 SKITARELIC, M.D. BENEDICT Address (Street city, town, or county Cumberland, Md. NAME (Type) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 230 BURIAL, CREMATION, 0 REMOVAL (Specify) Cumberland Hillcrest Burial Park Burial 25b REGISTRAR'S SIGNA 24 FUNERAL DIRECTOR Milanley ye VR A15ME (5)



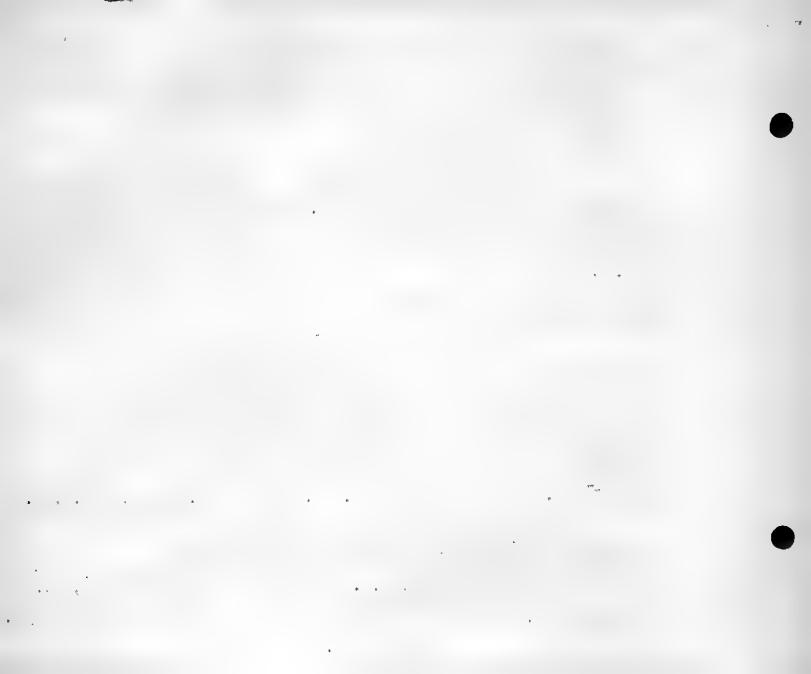
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10372 10372 requires that the death certificate be executed within, 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) · Afthregany ·Maryland MARYLAND c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate limits, C. LENGTH OF STAY IN 15 write BURA and give mearest town) July 27,1967 Cumberland the attending physicion and campletely tigled in sit permit. Then please remove carban papers. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? 313 5th Street ALLEGANY COUNTY INFIRMARY NO X 3. NAME OF Middle 4. DATE Month Year DECEASED .Kasecamo Lawrence George 67 August (Type or print) DEATH 19 IF UNDER 6 COLOR OR RACE DATE OF BIRT . 9. AGE (In years REUNDER 24 HRS. NEVER MARRIED la (burthdoy) Jan. 22,1886 Months Hours Male White WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT BEODRAULHOAD Electricians Helper Green Ridge, Md. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, ar remayal, John Marshall Kasecamp Anna Lounetta Stott TS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, ng, or unknown) (If yes give wor or dates af service) 315 5th Street Cumb. Md. Mr. John Kasecamo 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit **ONSET AND DEATH** IMMEDIATE CAUSE (a) DUE TO signed l Canditians, if any, which gove rise to immediate cause (a) DUE TO as the priar tak stating the underlying cause Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 20o. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. (Stote) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year Haur a.m. factory, street, affice bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased fram July 27, 1967, to August 14, 67 that (I) (we) lost saw the deceased olive an August 1, 1967, and that death accurred at 2.19 M, from causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED MED DIRECTOR STAFF PHYS. August director, page 3 shauld be filed v M.D. Simons, George Hospital Cumb., Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BURIAL CREMATION 23b DATE THEREOF (County) REMOYAL (Specify) Cumberladd. Md. Allegany 8/4/67 Zion Memorial Park 25h REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Wayne George Cumb. Md. 250. REC'D BY REGISTRAR DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10373 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 10373 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution Residence before admission) o. COUNTY o. STATE b. COUNTY Allegany after death. Allegany Maryland MARYLAND b CITY OR TOWN (If outside corporate firmts, write RURAL and give negrest town) Department t LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURA, and give nearest town) pup DOA Cumberland Cumberland d NAME OF HOSPITAL OR INSTITUTION (If not in hosp to), give street address) d STREET ADDRESS ON A FARM? STUDY OY Office along with farm 405 Walnut Street State Memorial Hospital in Item 18. Give Pages YES NO X 24 haurs after death NAME OF Middle 4 DATE Lost Month Year DECEASED 19 67 Within M Jennie Pearl Kauffman August (Type or print) DEATH SEX IF UNDER 1 YEAR WITH 6. COLOR OR RACE 7 MARR ED 8 DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS NEVER MARRIED Months I Dovs Hours WIDOWED T DIVORCED □ June 6. /1896 Female White event, 100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 8 RTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY ? pages 1 in any Cumberland, Maryland Housekeeper- At Home pentil 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME This certificate should be executed within Katherine Koontz James P. Keady and 0 Address 36 Blackiston Ave IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO the Chief Medical permit remayal, (Yes, no, or unknown) (If yes give wor or dotes of service) Cumberland, Md 215-20-6507 George Wm Kauffman No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY INTERVAL BETWEEN burnal-transit CORONARY OCCLUSION used as a bunal-trans burial, crematian, ar IMMEDIATE CAUSE (a) e certificate, writing the ward should be forwarded to the CP 11301 DUE TO CORONARY SCLEROSIS Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? please execute the certificate, NO 🔼 0 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of niury in Port or Port II of item 18) 3 should designated agent, prior PRIMARY Or CONTRIBUTING CAUSE OF DEATH MEDICAL 20c T.ME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (Stote) factory, street, office bldg., etc.) Hour o.m. Not While may be retained far your FUNERAL DIRECTOR: Page of work ot work 21. I certify that I taak charge of the remains described above, held an Autopsy Inquiry X Inspection 🔀 and in my apinion death resulted fram: Natural causes [4] Accident Suicide | Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE O DEPUTY August 25, 1967 DEPUTY MEDICAL EXAMINER **EXAMINER'S** RENEDICT SKITARELIC, M.D. 5 may ro Funei Address (Street, city, town, or coundiumberland. Maryland NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b DATE THEREOF 23d LOCAT ON (City or Town) REMOVAL (Specify) 8/28/67 RoseHill Cemetery Cumberland Allegany Maryland 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 250. REC D BY REG STRAR VR A15ME (5% -Minutes Judge H. Lee Silcox Cumberland, Maryland 21502



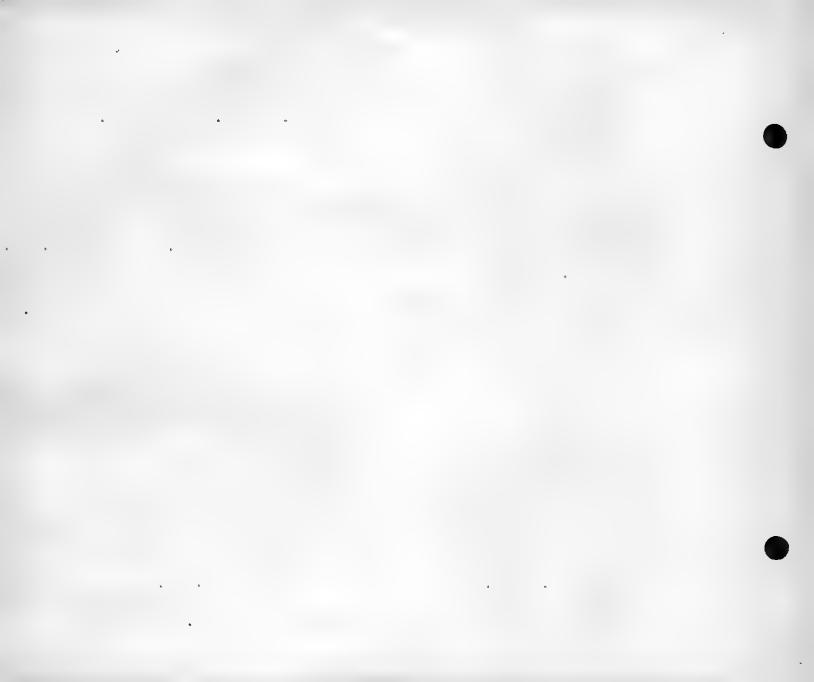
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	HEALTH DEPTY.	巾	PLACE OF DEATH			-4	2 USU	AL RESIDENCE (Where deceo	sed lived, if institution	on Residente però	B- a Jenssion)
	cny delay is 2, and 3 ta PM3. Page spartment of after death		o. COUNTY	LLEGANY		MARYLAND	0 51	WEST VIR	k COUNT		~ · · · · · · · · · · · · · · · · · · ·
	delga 3. Pa men		b (TY OR TOWN (f outside corporate limits,		c LENGTH OF STAY IN 16	(CITY	OR TOWN (If outside corpore	ote limits, write RUR	At ond give neares	t town)
4	If any delay is 1, 2, and 3 ta rm PM3. Page Department of urs after death	-	CUMBE	give negrest town)		MINUTES		ROMNEY			
•				AL OR INSTITUTION (of not		ve street address)	d STRE	EET ADDRESS			ON A FARM?
	ath I Pages Ith far State 2 hau	3	NAME OF	FIST HOSFI		Midd e		Lost 4 DATE	Month		YES NO K
	after death. If a diang. With farm		DECEASED (Type or print)	Doroth		*	ister	AF	Augus		Year 19 67
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			HOUSEWI FATHER S NAME	lie			_	omney, West V	irginia	USA	
	within pencil caminel			Hines			19 7810	Mary Ellen	Shingleto	n	
	n pe Il Exar Il File I File	12	WAS DECEASED EVE	CZENSCH CEMBRA Z . ALS	16 5	OC AL SECURITY NO	INFORMAL		Addres		
	executed nd.ng" Medical permit smaval,			(If yes give wor or dotes of		-38-8404	Will	Liam Haines	Cumb	perland,	Maryland
	INER: This certificate shauld be executed within the certificate, writing the ward "pending" in pencil shauld be farwarded to the Chief Medical Examine files 3 should be used as a burial-transit permit File pagent, prior to burial, crematian, or remayal, and in a		1B CAUSE OF DE PART 1 DEAT	ATH (Enter only one couse H WAS CAUSED BY	per ne for ((1)		INTE ON	RVAL BETWEEN
	Id b		\$ 164	IMMEDIATE CAUSE (o		QI.	ushed	Chest	<u> </u>	1	Hour Plath
	should be en ward "per a the Chief", burial-transit matian, or re		Conditions fony	which gove) /b		(Auto	Accident)			
	the s the d ta a bu		stoting the under)						
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	AL EXAMINER: This execute the certificate, rr. Page 4 should be fait far your files 108: Page 3 should be unated agent, priar tall	CERT FICATION	2Do EXTERNAL CAR	JSE WAS	20b DES	TRIBE HOW IN HERY OCCURR	D (Enter not)	ure of injury in Port I or Part	If of stern 1R i	YE	S NO
		EE	PRIMARY OF OR CON		T			ar acciden			
	he cer shaul files 3 shou	DIG	2Dc TIME OF INJU	RY Month, Day, Year	2Dd INJ	URY OCCURRED 2000	MACE OF IN II	IRY (Home form 204	(City or town)	(County)	(Stote)
	L EXAM cecute th Page 4 for your R:Page	N. A.	7:00 pm	Aug. 12 19 6	7 of work	at work Rt	50.	off ce bldg etc) One mile	N.Romne	y Hamp	W.Va.
	xecu xecu . Pa far far nateu		Zi. t Certify	r mus i ruuk esorge s	or me telli	ains described abave,	held an Ai	utapsy 💢 – Inspectii	an 🞇, 🛮 Inqui	ry 🗶 , and	in my apinian
	se e settar ned ned ECT		death result	d from Natural	canzez	Accident XX S	urcide,	,	ndetermined ma	nner 🔝	
	MED Please directs are a please of the pleas		ACTUAL SIGN THOSE	wedert	10:	takelie!)	CH.EF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINI		2	2. DATE SIGNED
	EPUTY MEDICAL sssary, please ex funeral director. and be retained f INERAL DIRECTO		EXAMINER'S	TOP CO	TO TOTAL TO		M D	DEPUTY MEDICAL EXAMINER	X Augus	st 12,	1967
	TO DEPUTY MEDICAL EXAMINER: This certific necessary, please execute the certificate, writing the funeral director. Page 4 should be farwarded may be retained far your files to FUNERAL DIRECTOR: Page 3 should be used as Health or its designated agent, prior to burial,	ga				ELIC, M.D.		Address (Street, city, town,			
	TO D nece the 5 m 5 m Hea	23	o BURIAL, CREMATION REMOVAL (Specify) Burial	N, 23b. DATE THERE Aug. 15		23c NAME OF CEMETERY Ebeneze		1	CAT ON (City or Town	Hamnahir	w W Vn
		2	4 FUNERAL DIRECTOR		, 1,01	ADDRESS		2So REC'D BY REG STR	AR	SPARS SIGNATUR	Quedes
	VR A15ME (5) 6M 1/66	1	Reth	thank		Romney, W	Va.	DATE AUG 16	196/	Marces	The same
			1	00							



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10375 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Allegany Marvland Allegany death MARYFAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland ofter 60 years Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENC hours ON A FARM? 224 Harrison Street 224 Harrison Street NO DE pencil in Item 18. Give Pages ate 24 haurs after death along with 3. NAME OF Middle 4 DATE First Last Manth Day Year DECEASED in 7 1967 Kinton Cora Emma Aug. (Type ar pnnt) DEATH S SEX 9 AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE B DATE OF BIRTH IF UNDER 24 HRS. 7 MARRIED TO vent with NEVER MARRIED 68" birthdoy) Months Hours Aug. 1. 1899 White Female WIDOWED DIVORCED d "pending" in pencil in Item 18 Chief Medical Examiner's Office 11 BIRTHPLACE (State or foreign country) 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY Home 12. CITIZEN OF WHAT during most of working Life, even if retired) COUNTRY? Piney Grove, Md. USA 13. FATHER'S NAME 14 MOTHERS MAIDEN NAME be executed with n Mary E. Creek David Mann pup IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT ar remaval, (Yes, no or unknown) (figes give wor or dates of service) Mrs. Bessie P. Miller, Cumberland, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) CHISEL AND DEATH PART I. DEATH WAS CAUSED BY: Hemopericardium IMMEDIATE CAUSE (a). This certificate shauld s a burial-tra crematian, e, writing the ward forwarded to the Ch DUE TO Rupture of Left Ventricle 11 Conditions, if any, which gave rise ta immediate cause (a) DUE TO Coronary Occlusion, Myocardial Infarctionpays stating the underlying cause buriel, o 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) please execute the certificate. YES TO NO L DIRECTOR: Page 3 shauld be its designated agent, priar ta 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED, fenter noture of injury in Part I at Part II of Hem 18) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) 20c T ME OF INJURY Month, Day, Year (County) (State) Hour a.m. factory, street, office bidg., etc.) Not While FUNERAL DIRECTOR: Page at wark at work 21. I certify that I took thorge of the remains described above, held an Autopsy [25], Inspection [X], Inquiry 🕮, and n my opinion Natural causes 🖾 . Accident . Suicide . director deoth resulted from: Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER Aug. 21.1967 22. DATE SIGNED SIGNATURE funeral O DEPUTY 5 may be TO FUNERAL Health ar i DEPUTY MEDICAL EXAMINER **EXAMINER'S** Benedict Skitarelic, M.D. Rt.9 Cumberland Address (Street, city, tawn, or county) the th 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. (County) (Stote) Aug. 24, 1967 Cook's Cemetery Near Hyndman. 24. FUNERAL DIRECTOR Scarpelli, Cumberland, Md. DAAUG VR A15ME (5) 6M 1766



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10376 10376 CERTIFICATE OF DEATH O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) O COUNTY ALLEGANY MARYLAND b COUNTY ALLEGANY MARYLAND E. LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RT. 1. MT. SAVAGE, MD. 1 DAY d. NAME OF HOSPITAL DR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL YES NO NAME OF Middle 4 DATE Month DECEASED JOSEPH ANDREW KROLL 67 AUG (Type or print) DEATH 5 SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED lost birthday) MALE WHITE 8-9-67 WIDOWED DIVORCED 100 USBAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
None **INDUSTRY** CDUNTRY? CUMBERLAND, MD. U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME JOSEPH L. KROLL RUTH E. MX SMITH 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) CUMBERLAND. MD. None MEMORIAL HOSPITAL INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DNSET AND DEATH MMEDIATE CAUSE (o) Conditions, if ony, which gove DUE TD rise to immediate couse (a), DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) YES X NO [200 ACC DENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 1B) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month Doy, Year 20d IN. JRY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour 'o.m. foctory, street, office bldg, etc.) of work 21. I certify that (1) (this haspital) attended the deceased from 19____, that (I) (we) last M, fram couses and an the date stated above sow the deceased alive on_ and that death accurred TO FUNERAL DIRECTOR: 220 SIGNATURE 22b DATE SIGNED MED. DIRECTOR STAFF M.D. director, page 3 should be filed v 22d. CUMBERLAND. MD. HASHIM BUR AL CREMATION. 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) ((ounty) BUT La I Mt. Savage Cemetery Mt. Savage Allegany Md. 24. FUNERAL DIRECTOR 25a REC'D BY REGISTRAR 1967 DATE SEP William G. Kight Cumberland, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10377 10377 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o COUNTY o. STATE **b** COUNTY ALLEGANY MARYLAND ALL EGANY papers. Pages hin 72 hours afte b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) n Minutes **CUMBERI AND** MT. SAVAGE, MARYLAND d NAME OF HOSP-TAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENC d. STREET ADDRESS ON A FARM? SACRED HEART HOSPITAL NO V COLUMBIA STREET 3. NAME OF First Middle 4 DATE tost Month Doy Year DECEASED (Type or print) GEORGE FRANCIS DEATH KUHLMAN AUGUST evenī IF UNDER TYEAR IF LINDER 6 COLOR OR RACE AGE (In years 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH remove Months and in any MALE WHITE WIDOWED DIVORCED gud 100 USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) CITIZEN OF WHAT physician a during mast of working He, even if retired) INDUSTRY COUNTRY? RETIRED BRICK SETTER BRICK FACTORY ALLEGANY MARYLAND 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, cremation, ar remayal, GEORGE ADAM KUHLMAN ADDIE (RAHUG IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 215-10-1215 WIFE COLUMBIA ST. MT. SAVAGE 18. CAUSE OF DEATH (Enter only one couse per line for (c) 16) and (c) PART I DEATH WAS CAUSED BY CORONARY INTERVAL BETWEEN DEATH signed by the bur, of transit p OCCLUSION IMMEDIATE CAUSE (a) DUE TO HYPERTENSIVE HEART DISEASE# 10 YRS. Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse priar to 1 CORONARY ARTERY DISEASE as the IO YRS. last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CHRONIC BRONCHITIS WITH EMPHYSEMA 19. WAS AUTOPSY PERFORMED? State Dept. of Health NO certificate 200 ACCIDENT WAS JNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTR BUT NG CAUSE OF DEATH NONE tached (IF EITHER NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm (City or town) (County) (State) **DIRECTOR:** After this foctory street, office bldg , etc.) Not While at work 12, 19 67 that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from O HOSPITAL OR ATTEND Page 4 may be retained director, page 3 should should be filed with the saw the deceased alive on from causes and on the date stated above. , and that death accurred at 226 DATE SIGNED 8-14-67 M.D. DIRECTOR PHYS PHYSICIANS NAME (Type) JAMES P. HALLINAN 22d ADDRESS FUNERAL 140 BEDFORD ST. CUMBERLAND, MD. 230 BURIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) BURNDYAT (Specify) Aug. 15. 1967 Mt. Savage Mthodist Mt. Savage, Allegany Co. Md 24 FUNERAL DIRECTOR ADDRESS 250. REC D BY REGISTRAR VR A15 (4) 25M 1/67 HARVEY H. ZEIGLER Hyndman.Pa.

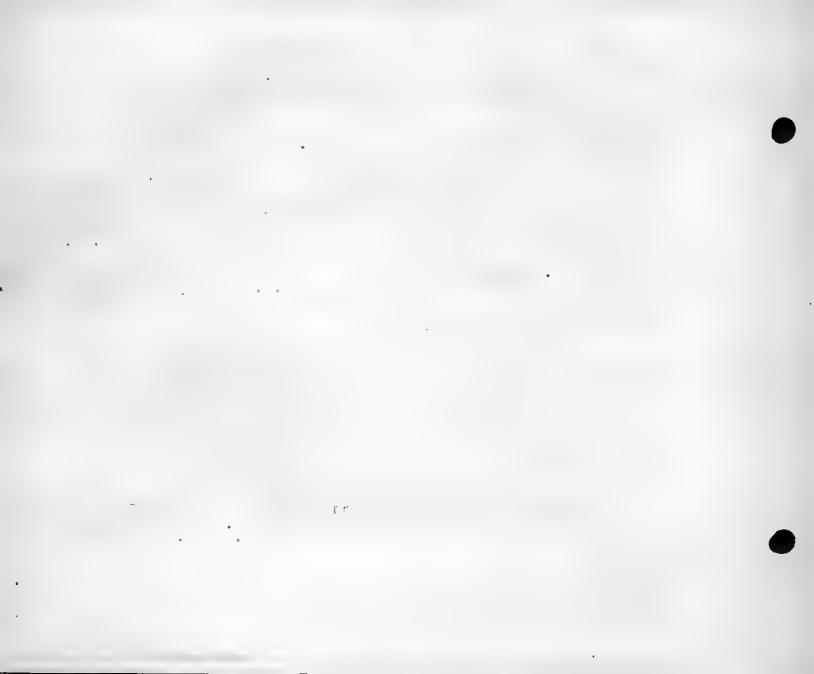
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10378 CERTIFICATE OF DEATH 10378 24 hours ofter deoth 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH O. STATEMARY a. COUNTY ALLEGANY **b.** COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) CUMBERLAND CUMBERLAND DAYS d. NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? ELDER ST. MEMORIAL HOSPITAL NO S YES OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within With 3 NAME OF Midd.e OATE Month Yeor remove carbon DECEASED

{Type or print} **AUDREY** 11. LAMBERT **AUGUST** 1967 ond in ony event, DEATH S SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIEO NEVER MARRIED 2-12-23 bet birthday) Haurs WHITE FEMALE WIDOWED DIVORCED 10a USUA, OCCJPATION (Give kind of wark done IDE KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign (auntry) 12 CIT ZEN OF WHAT HOME HOME SOMERSET. PA. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME or remayal. MYRTLE F. FOUST MELVIN F. HELLER IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, na, ar unknown) (If yes give war ar dates af service MEMORIAL HOSPITAL. CUMBERLAND. MD. burial, cremation, TB. CAUSE OF OEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE **DUE TO** Carditians, if any, which gave rise ta immediate cause (a), DHE TO stating the underlying cause last. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) certificate has PERFORMED? Health 20b OESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port !! of item 18) 2Do ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Hame farm, (City or town) (County) (State) factory, street, office bidg, etc.) Henr am otwork L at work that (I) (we)-last 21. I certify that (1) (this haspital) attended the deceased from be retained M. from causes and on the date stated above saw the deceased alive on and that death occurred of TO FUNERAL DIRECTOR: 22a. SIGNALBRE 22b DATE SIGNED STAFF DIRECTOR directar, poge should be filed -22C. PHYSICIAN'S NAME (Type) 22d. ADDRESS DR. RICHARD J. WILLIAMS CUMBERLAND. MD. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION. (County) Cumberland, Md. Allegany Sunset Memorial Park 25g REC O BY REGISTRAR ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Scarpelli, Cumberland, Md. VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10379 10379 law requires that the death certificate be executed within 24 haurs after death. 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) PLACE OF DEATH a COUNTY b. COUNTY Allegany Allegany Maryland MARYLAND papers. Pages 1 in 72 hours after the attending physician and campletally filled in by the 1 sit permit. Then please remaye capan papers. Pages b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) 1/66 Cumberland Cumberland d. NAME OF MOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Rt.3. Bedford Road Allegany County Infirmary NO T 3. NAME OF Middle 4 DATE First Year DECEASED
(Type or print) Light Thompson Anna 67 August DEATH 19 S SEX AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 7 MARRIED X NEVER MARRIED please remave last birthday) Months Davs Hours 5/28/1883 White Female WIDOWED DIVORCED 10a USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Own Home COUNTRY? Betheny, West Virginia Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, William J. McFadden Catherine Young Biggs 17. INFORMANT P.O. Box 599. Cumberland. Md. 2150 IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknown) ((If yes give war ar dates of service) 16. SOCIAL SECURITY NO None Allegany County Infirmary records crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p PART I DEATH WAS CAUSED BY ONSET, AND DEATH IMMEDIATE (AUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the hospital ar attending lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) of far use af Health O FUNERAL DIRECTOR: After this certificate 205. DESCRIBE NOW INJURY OCCURRED. (Enter nature of injury in Part & or Part II of item IB.) 20g ACCIDENT WAS UNDERLYINGS OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour a.m. (County) factory, street, affice bldg., etc.) 21. I certify that (1) (this haspital) attended the deceased fram PP/77 , ta 8/27/67, 19___, that (I) (we) last saw the deceased alive an 8/26/67 and that death accurred at A. M. fram causes and an the date stated above 19 STAFF PHYS. 7:50 22b DATE SIGNED 22o SIGNATURE 8/28/1967 X M.D. PHYS DIRECTOR director, page 3 shauld be filed v 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Memorial Hospital. Cumberland. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) 23b. DATE THEREOI REMOVAL (Specify) Allegany Md. Cumberland Sunset Memorial Park Burial 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Millianes Judge 1967 Cumberland, Md. Byron Kight



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 18350 10380 24 hours ofter deoth PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) o. COUNTY b COUNTY ALLEGANY ALLEGANY MARYLAND. 5 CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and a ve nearest town) write RURAL and give nearest town) CHMBERLAND CUMBERLAND. MD. DAYS .⊆ IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) d STREET ADDRESS fuled FRANKLIN ST. NO PA Memorial Hospital OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within NAME OF Middie 4 DATE First Lost Month Doy Year completely nove carbon DECEASED 67 LONCAREVICH AUG 20 MAY 19 (Type or print) DEATH 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED lost birthday) Months Days Hours 1-17-95 FEMALE WHITE ond in any DIVORCED WIDOWED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY **COUNTRY?** U.S.A MARYLAND Housewife Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, **ELLA REXROAD** JOSHUA LEWIS attending p 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) CUMBERLAND, MEMORIAL 328-38-8163 HOSPITAL cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per I ge for (o), (b), and (c)) ONSET AND DEATH burial-tronsit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO burral, Conditions, if ony, which gave rise to immediate couse (a). DUE TO stating the underlying couse as the prior to l this certificate has been WAS AUTOPSY PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110 PERFORMED? for use Health p NO YES 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH etached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20c TIME OF INJURY Month, Doy, Year (County) Hour 'o.m. foctory, street, office bldg., etc.) Not While of work ot work 21. 1 certify that (1) (this hospited) attended the deceased from be retoined and that death accurred 21:20P M, from causes and TO FUNERAL DIRECTOR: sow the deceased alive on on the date stated above 22o SIGNATURE DATE SIGNED DIRECTOR director, page 3 should be filed a 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) CUMBERLAND. . WILLIAMS MD. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION 235. DATE THEREOF (Stote) (County) _REMOVAL (Specify) 1967 St. Lukes Cemeterv Cumberland Allegany Md. Buria AUG 2 REGISTRAR 24 FUNERAL DIRECTOR ADDRESS VR A15 (4) 25M 1/67 1967 William G. Kight Cumherland, Md.

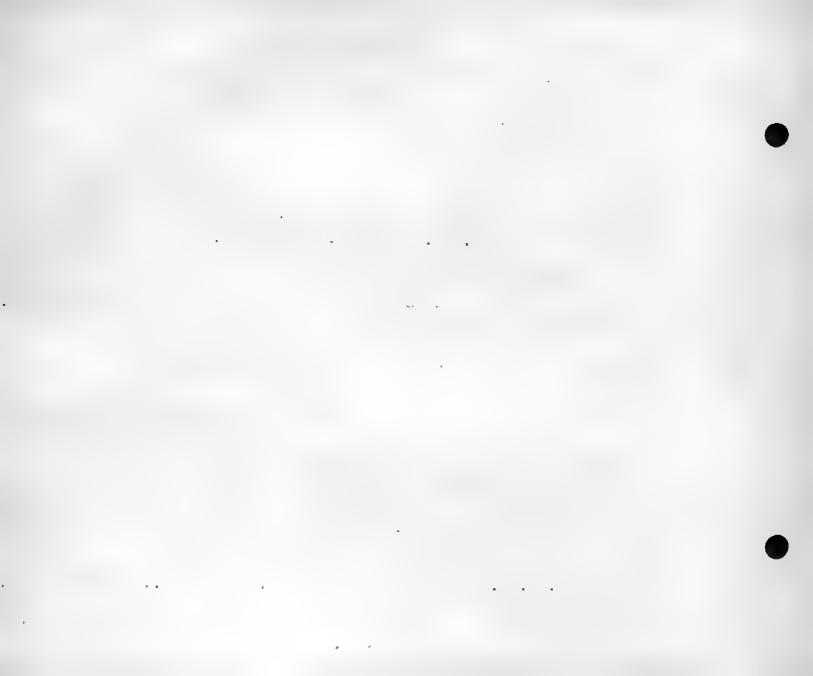
MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10381 CERTIFICATE OF DEATH 10381 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH a. COUNTY o. STATE **b** COUNTY ALLEGANY MARYLAND ALLEGANY CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate firmits, write RURAL and give nearest town) CUMBERLAND CUMBERLAND 15 DAYS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE SACRED HEART HOSPITAL 811 BROOKFIELD AVE NO V 3. NAME OF Middle Last 4. DATE Month DECEASED VIRGIL MC CLURE AUGUST (Type or print) VINCENT DEATH 19 67 IF UNDER 1 YEAR S SEX 9. AGE (in veors IF LINDER 24 HRS 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8 DATE OF BIRTH last birthday) Days Hours 2/5/10 cremation, at removal, and in any WIDOWED DIVORCED MALE WHITE 10b. KIND OF BUSINESS OR City 10a LSUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or fareign country) during mast of working life, even 'f retired')
CAPT - FIRE DEPT COUNTRY? attending physician sermit. Then please FIRE DEPT Cumb ALLEGANY, MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ROBERT McClure ANNA CARAHER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war of dates of service)
YES W. W. # 2 HOSPITAL RECORD 217-10-1973 SACRED HEART HOSPITAL INTERVAL BETWEEN CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if any, which gove ase ta immediate cause (a). DUE TO stating the underlying cause 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) this certificate has USe detached for use e Dept, of Health YES IXI NO [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18) 20g ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour 'a m. factory, street, affice bldg., etc.) Nat While at work at work 1967, to 8-11, 1967, that (H) (we) last 21. I certify that (1) (this hospital) attended the deceased fram_ 7-27 67, and that death occurred at 630 M, from causes and an the date stated abave. saw the deceased alive an-22b. DATE SIGNED 22a SIGNATURE DIRECTOR Michae 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 126 N. SMALLWOOD CUMBERLAND GLICK-STATESTAN director, should by 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, (County) (Stote) REMOVA: (Specify) Allegany Md. 8/14/67 St. Maru's Burial Park Cumberland 256 REGISTRAR'S SIGNATURE 25a REC'D BY REGISTRAR 24. FUNERAL DIRECTOR H. Wayne George Cumberland, Md. 1967

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10382 10382 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY ALLEGANY Ъ. СОЦИТУ ALLEGANY MARYLAND b. CITY OR TOWN (If autside corporate limits. CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours DAYS 10HR BARTON, MD d NAME OF HOSPITAL OR NSTITUTION (If not an hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL within YES NO X NAME OF 4. DATE Doy Year DECEASED METZ AUGUST (Type or pant) DEATH DATE OF BIRTH AGE (n years IF UNDER I YEAR 6 COLOR OR RACE NEVER MARRIED last birthday) Months Davs Haurs DIVORCED 2-4- 1909 MALE 11 BIRTHPLACE (County & State, or foreign country)
BARTON, MD. 10a. US_AL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? USA 3 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, EMILINE GREENHORN GEORGE METZ 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, ar unknown) (If yes give war or dates of service MEMORIAL HOSPITAL. CUMBERLAND. MD. 216-07-2323 INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO burial Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? NO 20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c TiME OF NUURY Month, Day, Year Haur a.m. factory, street, affice blda . etc.) 21. I certify that (I) (this hospital) attended the deceased from 1967, that (1) (we) last be retained 4 12, fAM causes and an the date stated above saw the deceased alive an_ and that death occurred at 226 DATE SIGNED 22a SIGNATURE STAFF PHYS. M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 122 S. CENTRE ST., CUMBERLAND, MD. F. WILLIAMS DR. 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Laurel Hill Moscow Mills Md. **ADDRESS** 24. EUNERAL DIRECTOR Westernport, Md. VR A15 (4) 5 25M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10383 10383 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY b. COUNTY o. STATE ALLEGANY MARYLAND ALLEGANY requires that the death certificate be executed within 24 hours afte and campletely fulled in by the remove carbon papers. Pages c. LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 DAYS R.F.D. e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street address) d -400 horningsport MINERS HOSPITAL FROSTBURG NO TY YES NAME OF Middle Frst Last 4. DATE Month Doy Year DECEASED LEONARD DOW MILTER AUGUST (Type or print) DEATH SEX 6 COLOR OR RACE DATE OF BIRTH AGF (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours MALE WHITE SEPT.10.1893 WIDOWED X DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY UCOUNTRY A THOMAS, WEST VA. COAL 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar removal, MARGARET MUIR SCOTT MILLER 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO NELLIS AAPesB., NEVADO (Yes, no, or unknown) (If yes give war or dates of service) CHAMBERS ST burial-transit perr 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been the WAS AUTOPS)
PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO A fo 20b DESCRIBE HOW MURY OCCURRED (Enter nature of Injury in Port 1 or Port II of item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While of work of work 21. I certify that (I) (this hospital) attended the deceased from July 22, 1962, to Que 2, 1962 that (I) (we) last saw the deceased give an area 2 1962, and that death occurred at 32 PM, from causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR director, page 3 should be filed v M.D. 22d. ADDRESS 22c. PHYSICIAN'S 167 E. MAIN. FROSTBURG, MD. NAME (Type) STRONG, M.D. 23d LOCATION (City or Town) BURIAL, CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) FROSTBURG MEM. PARK ALLEGANY FROSTBURG. 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR DATE TO HOME 60W MAIN FROSTBURG

MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10385 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) COUNTY ALLEGANY O. STATE MARY! AND b COUNTY ALL EGANY MARYLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (If auts de carparate mits, write RURAL and give nearest tawn) b CITY OR TOWN (If outside corporate limits. write RURAL and give negrest town? 4HRS. 40MIN CUMBERLAND MD. d. NAME OF ROSPITAL OR INSTITUTION (If not in hospita, give street oddress) d STREET ADDRESS IS RESIDENC ON A FARM? 110 UTAH AVENUE YES NO campletely finave (arthern) NAME OF 4 DATE OF Year DECEASED (Type or print) DEATH GERALD MMI and in any evelt. MORTON SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours DIVORCED | WIDOWED MALE WHITE 1-6-12 pun 10o USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY SALES HSED CARS CANADA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remayal. MAX MORTON (BERNSTELN) MORTON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) N₀ 091-12-6739 HOSPITAL RECORD 900 SETON DRIVE CHMB INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), signed by the burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE (AUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse as the last WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ed for use a PERFORMED? NONE NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20o. ACCIDENT WAS LINDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Hour o.m. foctory, street office bldg, etc.) Not While 21. I certify that (I) (this haspital) attended the deceased fram_ AUG. 1965 to 27 AUG. 1967, that (1) (we) last saw the deceased alive an $\frac{27 \, \text{MW G}}{1962}$, and that death accurred at $\frac{25 \, \text{M}}{1962}$ M, from causes and on the date stated above. FUNERAL DIRECTOR: 22o. SIGNATURE 22b. DAJE SIGNED ATTENDING \boxtimes director, page 3 should be filed v DIRECTOR M.D. PHYS 22d ADDRESS 22c. PHYSICIAN S O HOSPITAL BROADWAY, FROSBBURG, MD. ROTHSTEIN NAME (Type) BURIAL CREMATION 23d LOCATION (City or Town) 250 REC'D BY REGISTRAR **FUNERAL DIRECTOR**

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10386 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10386 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution Residence before admission) a. COUNTY Allegany Maruland Allegany c (ITY OR TOWN (I autside corporate limits, write RURAL and a ve nearest town) b CITY OR TOWN (If auts de corporate limits C LENGTH OF STAY IN 16 write RURAL and give nearest town) Cumberland. a NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? 104 Henry St. 412 Washington St. NO A along with 3 NAME OF Middle Erst Manth DECEASED James Edward Mouer August (Type or print) DEATH IF UNDER 1 YEAR S SEX 6. COLOR OR RACE NEVER MARR ED B DATE OF BRIH 9. AGE (In years 7 MARRIED last birthday) Jan. 23, 1900 White Male WIDOWED DIVORCED T event within 72 hours ofter deoth 10a USUAL OCCUPATION (Give kind of work dane II BIRTHPLACE (State or fareign country) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT Celanese Fibres. COUNTRY? dung most of working life, even if retired)

DUE house employee Valley Head. W. Va. certificate, writing the word "pending" in penal in ould be farworded to the Chief Medical Exam ner's 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME This certificate shauld be executed within Charles E. Moyer Mary Etta Kyle IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war ar dates af service) No Mrs. Helen Mease 77 Wantes Estates, Fai 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY. CORONARY OCCLUSION IMMEDIATE CAUSE (o) DUE TO CORONARY Canditians, fany which gave SCLEROSIS use to immediate cause (o), DUE TO stating the underlying cause PART I OTHER SIGN, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE COND. TON G. VEN IN PART (a) 19. WAS AUTOPSY PERFORMED? NO IX 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY ar CONTRIBUTING **CAUSE OF DEATH** 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame farm (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year Not While factory, street, office bldg., etc.) at wark 21. I certify that I took charge of the remains described above, held an Autopsy , inspection X Inquiry X, and in my opinion Natural causes XI. Accident . Suicide . death resulted fram Undetermined manner Hamicide CHIEF MEDICAL EXAMINER 8/2/67 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER FUNERAL DEPUTY MEDICAL EXAMINER K Address (Street, any town or county) Cumberland, Md. Benedict Skitarelic. M. D. NAME (Type) 23d LOCAT ON [City o Town) (County) Cumberland, Allegany, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23c BUR AL, CREMATION, Hillcrest Burial Park 8/5/67 250 RECD BY REG STRAR QCT 256 REG STRAR S SIGNATURE 24 FUNERAL DIRECTOR VR A15ME H. Wayne George Cumberland, Md.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10387CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a. STATE Maryland b. COUNTY Allegany Allegany MARYLAND carbon papers Pages 1 by the attending physician and targaterely tilled in by the fransit permit. Then please remove cachen papers. Pages b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Cumber Land c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Cumberland d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? Allegany County Infirmary 1018 Myrtle Street NO IX YES 📑 3. NAME OF Middle 4 DATE Murray Year Rodger DECEASED (Type or print) Jose ph 67 August DEATH S SEX 9. AGF in years IF UNDER 1 YEAR IF JNDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED Male White urthday) Months Hours 12/21/1886-1886 WIDOWED K and in any DIVORCED 11 BIRTHPLACE (County & State, or fareign Juntry) 10b. KIND OF BUSINESS OR 10a USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT during most of warking fe, even if retired)
Retired: X venditor COUNTRY ATT MOUSTRY Time Palestine. Ohio 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal, David Gregory Murray Catherine Lavin 17 INFORMANT P.O. BOX 599, Cumboarland, Md. 21502 16 SOCIAL SECURITY NO 214-05-8838 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng_or unknown) [(If yes give wor or dates of service) Allegany County Infirmary records. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per the for (q), (b), and (c)) signed by the burial-transit g burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave (b) rise to immediate couse (o). DUE TO stating the underlying cause Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been significant, page 3 shauld be detached far use as the I shauld be filed with the State Dept, of Health priar to be last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION NO 20g ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) Hour o.m. factory, street, office bldg , etc } Not While 21. I certify that (I) (this hospital) attended the deceased from uly saw the deceased alive an usual 8, 167, and that deal 19 66 to August 9 19 67, that (1) (we) last MED. DIRECTOR STAFF PHYS. 200 SIGNATURE 22b. DATE SIGNED 8/9/1967 K 221 - PHYSTETAN'S 22d ADDRESS Simons, M. Goorge NAME (Type) Memorial Hospit, Cumberland, Md. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b DATE THEREOF (County) (State) REMOVAL (Specify) Cumberland, Md. Allegany Aug.12,1967 Hillcrest Durial 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) James F. Scarpelli. Cumberland, Ma.

MARYLAND STATE DEPARTMENT OF HEALTH



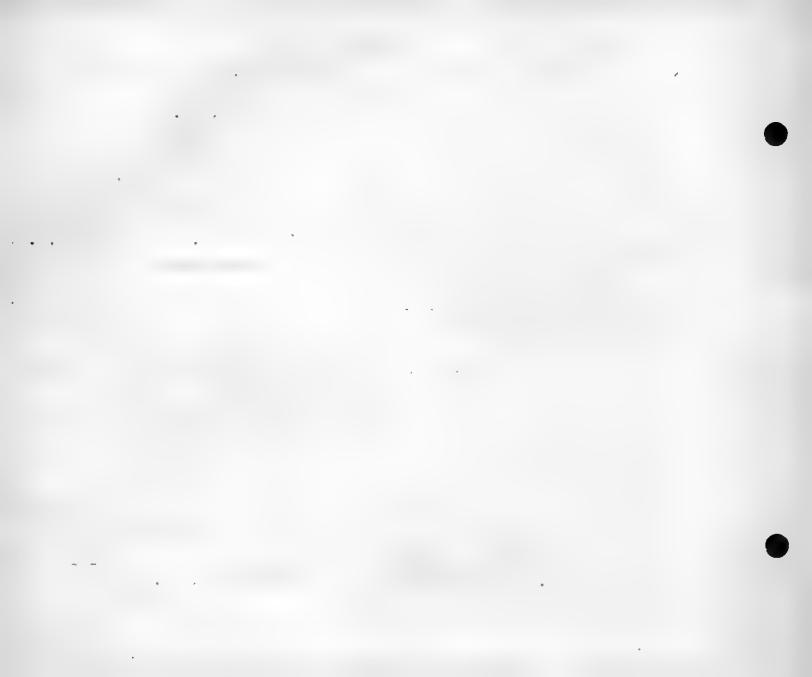
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I UBAR hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY and completely filled in by the fu whove carbon papers. Pages 127 any event, within 72 hours after Allemany Maryland Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 15 write RURAL and give nearest town) Sumberland Cumberland years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 410 S. Cedar St. K ON Memorial Hos ital executed within 3. NAME OF Month Middle DATE Last Year DECEASEO (Type or print) DEATH 67 Nave 19 Arnold Aug. y physician and comen pleasement of the pleasement over contract of the contra 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR LF UNDER 24 HRS 9. 7. MARRIED 🔀 NEVER MARRIED last birthday) Months I White Male Nov. 16. WIDOWED DIVORCED 1905 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) death certificate be during most of working life, even if retired) COUNTRY? INDUSTRY Well Drilling Co. Centerville. Pa. USA Retired or removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME been signed by the attending plate burial-transit permit. Then it to burial, cremation, or removant Henry R. Nave Edna R. Deremer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes pive war or dates of service) Robert H. Nave, Cumberland, Md.-Son 18. CAUSE OF DEATH [Enter only one cause per line for (a). (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) or attending physician. DUE TO Conditions, if any, which gave rise to immediate as the l DUE TO cause (a), stating the underlying cause last, this certificate has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES T NO the hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) I be detached for State Dept. of H (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, (County) TO HOSPITAL CONTRIBUTION DA UNIVERSAL DIRECTOR: After the TO FUNERAL DIRECTOR: After the Topical School of the Contribution of factory, street, office bldg., etc.) Hour a.m. While at work at work director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from Mat (I) (we) last M. from the causes and on the date stated above. saw the deceased alive on. and that death occurred at DATE STENED ATTENDING STAFF M.D. ADDRESS. 22d. NAME (Type) S. Centre St. Cumberland Williams BURIAL, CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Centerville Cemetery Centerville Lal FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. Cumberland, Md. Scarpelli. VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10389 **OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY ALLEGANY MARYLAND **b** COUNTY ALLEGANY MARYLAND completely filled in by the forecorban papers. Pages Acent, within 72 hours atte b. CITY OR TOWN (f outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate imits, write RURAL and give nearest town) WILL RUE TO WAS ELLEN NO. DAYS LA VALE, MD. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street address) 9 ASBURY AVENUE e IS RESTDENC ON A FARM? XXXXXXX MEMORIAL HOSPITAL NO NAME OF Middle ease remove corban and in any event, witl DATE OFTEN AUG physician and completely en please cemove corban DECEASED LEROY OF (ROY) (Type or print) DEATH 9 AGE (In years S SEX 6 COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED WHITE MALE Months 9-25-98 WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country)

ECKHART, MD. 10o. USUAL OCCUPATION (Give kind of work done IOD. KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY? U.S.A. during most of working life, even if refired) INDUSTRY RETTRED EMPLOYEE OF MIMBERTAND BREWER MOTHER'S MAIDEN NAME buriol, cremation, or removal, PATRICK OFTEN KRIETZBURG 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT CUMBERLAND, MD. (Yes, no, or unknown) [[! yes give wor or dates of service] HOSPITAL MEMORIAL 211-05-1808 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH signed by the buriol-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or ottending physician. DUE TO GENERALIZED METASTATIC CARCINOMA Conditions, if ony, which gove MONTHS rise to immediate cause (o). DUE TO far use as the L f Heolth prior to b stoting the underlying couse (a) ADENOCARCINOMA OF PROSTATE last 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO ¥ 20a. ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING

CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur to m. factory, street, office bldg., etc.) at work at work 1966 -12 OP . 10 AUG 21. I certify that (1) (this haspital) attended the deceased fram. 19_67 that (I) Kve) last 1967, and that death accurred a saw the deceased alive an ALIG 4 M, fram causes and an the date stated above. 22b DATE SIGNED 22a. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF M.D PHYS 22c PHYSICIAN'S CUMBERLAND, 22d HIMMELWRIGHT DR. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify) HTLLCREST BURTAL PARK CUMBERLAND ALLEGANY MD. 9 24 FUNERAL DIRECTOR REC'D BY REGISTRAR 2Sb REGISTRAR'S S GNATURE 404 DECATUR STREET, CUMBERLAND VR A15 (4) 25M 1/67 LEE SILCOX 1967

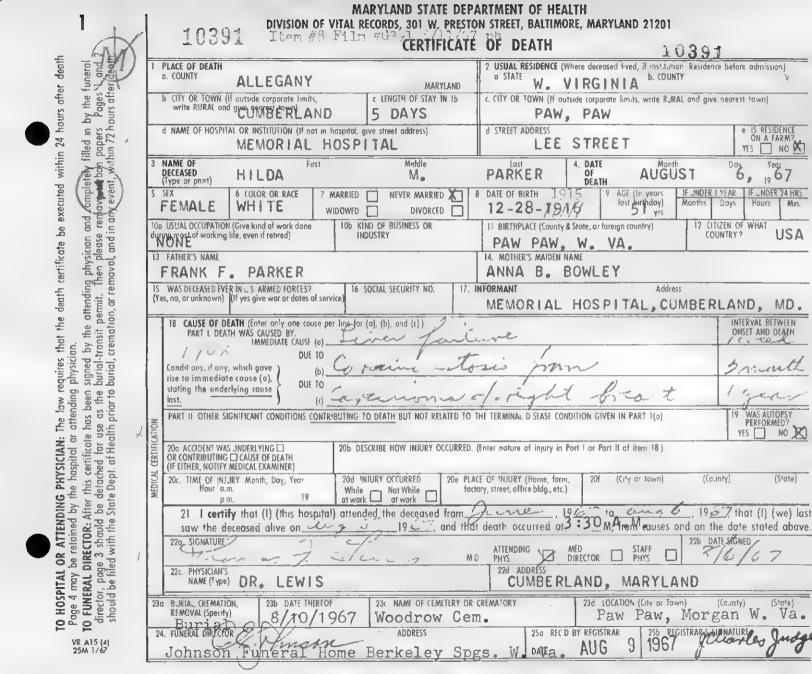


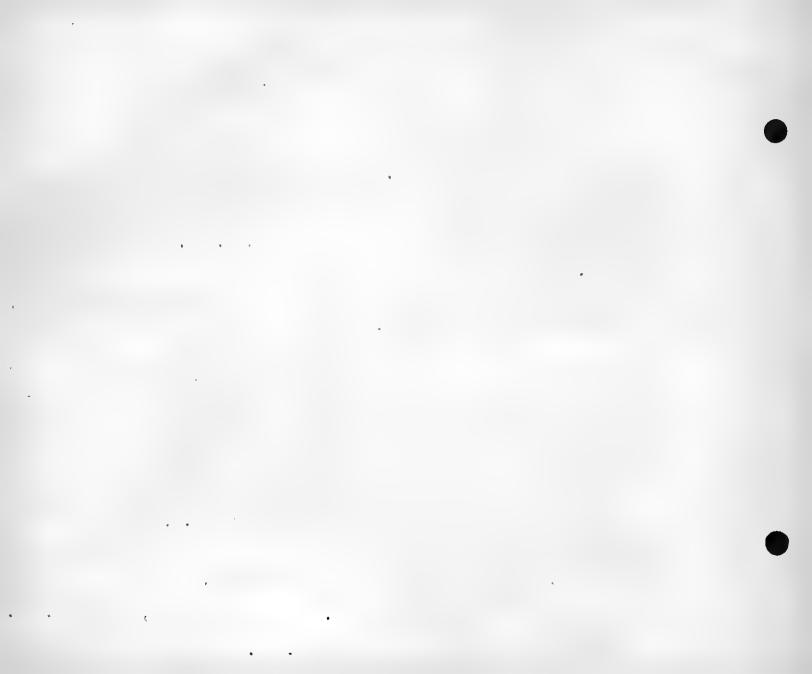
1		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, 1f institution: Residence before admission) a. COUNTY b. COUNTY b. COUNTY c. T. T. C. C. N. T. T. C. C. N. T. T. C.
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2.12 TH		(Type or print) SOPHIA XENIA OHR DEATH AUGUST I2 1967
ith. If an form P form P within within		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
	10a	MALE WHITE WIDOWED DIVORCED JAN, 28, 1889 78 yrs. USUAL OCCUPATION (Give kind of work dona) 10b. Kind of Business or 11. BirthPlace (state or foreign country) 12. CITIZEN OF WHAT
E & 8 × 10 × 10 × 10 × 10 × 10 × 10 × 10 ×	dur	ng most of working lifa, even if retired)
urs afte n 18. Gi s along pages 1 in any	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
24 hours in tem 18 Office al File page 1, and in a	15	TILLIUS C. HALLTER WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Addrass
n 24 in 1 s Of t. F		, no, or unkown) (If yes give war or dates of service)
within pencil in miner's permit.	-	ALICE R. DELAGRANGE CUMBERLAND MD. 18. CAUSE OF DEATH [Enter only one causa per line for (a), (b), and (c).]
es es es		PART I. DEATH WAS CAUSED BY: CEREBRAL HEMORRHAGE ONSET AND DEATH 24 HOURS.
should be executed word "pending" in Chief Medical Exan as a burlal-transit i urial, cremation, or i		Conditions, If any, which \ DUE TO Hypertensive Cardiovascular disease
Der Med	Н	gave risa to immadiata (
ould iner I	Ш	cause (a), stating the DUE TO undarlying cause last. (c)
the word the word the Chia	NOL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
to the	FICAL	YES NO A 208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter natura of injury in Part 1 or Part 11 of Item 18.)
R. This certificate should ate, writing the word "forwarded to the Chief I should be used as a bagent, prior to burial, cr	CERTIFICATION	20b. DESCRIBE HOW INJURY OCCURRED. (Enter natura of injury in Part 1 or Part 11 of Item 18.) PRIMARY [] Dr CONTRIBUTING [] CAUSE OF DEATH.
R: This cate, write forward forward 3 should agent, p		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)
EXAMINER: certificate fould be fould be follower. I've. The certificate fould be follower. I've. The certificate found is sufficient for the certificate found for the certificate for the	MEDICAL	p.m. 19 at work at work
Carting Industrial Page		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection X, Inquiry, and in my opinion
EXAMINER the certifica the should be to files. CTOR: Page 3 designated a		death resulted from: Natural causes 4, Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER
MEDI Page 4 or your or its d		ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
T ME executed for the part of		EXAMINER'S RENEDICT SETTARELIC M.D. Cumberland Maryland
DEPUTY MEDIC EXAMINE please execute the certific director. Page 4 should be retained for your files. FUNERAL DIRECTOR: Page of Health or its designated	232	EXAMINER'S NAME (Type) BENEDICT SKITARELIC, M.D. Address (Street, city, town, or complete land, Marylan Burlal, CREMATION, 23b, Date THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State)
Daga Do	1	RUYIA 8/15/67 Rose Hill Cemetery Comberland Md.
OX	24	FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
VR A15ME (5)		Louis stein, Inc. Comberland, md. DATEAUG 15 1961 general

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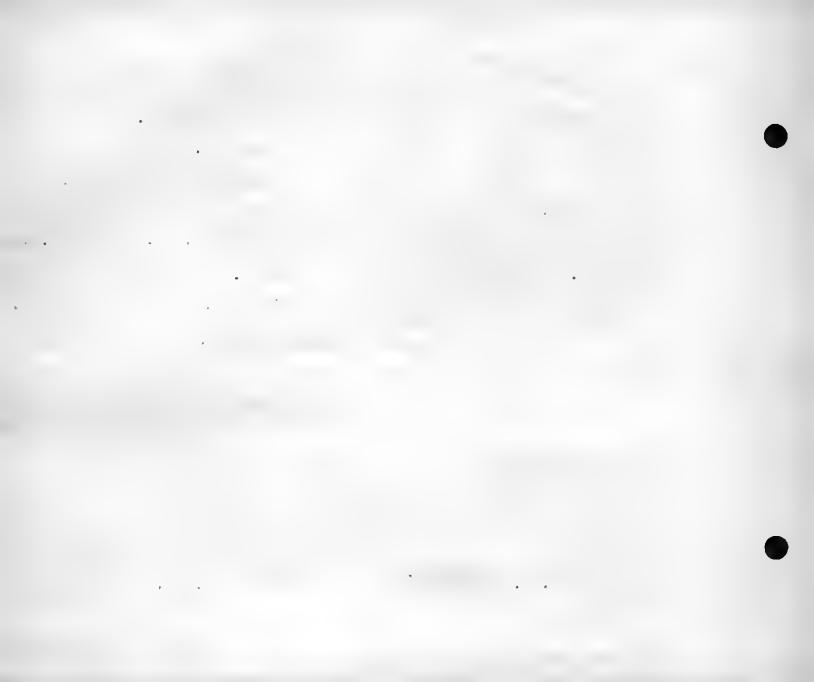
aquires that the death certificate be executed within 24 hours after death.

OR ATTENDING PHYSICIAN:

TO MOSPITAL

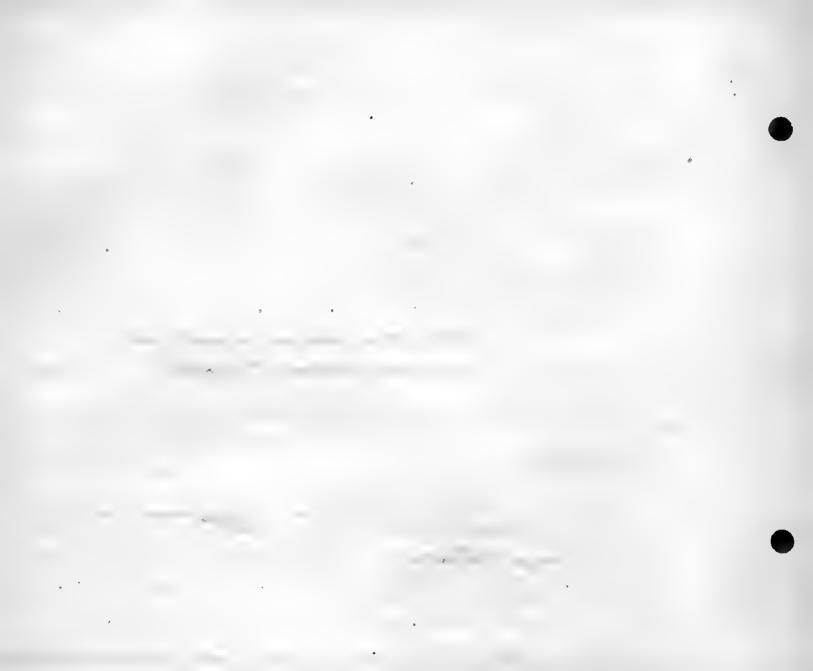
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PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b COUNTY ALLEGANY ALLEGANY MARYLAND b CITY OR TOWN (If outside carporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) DAYS CUMBERLAND, MD. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 209 MARY ST. Me foriel Hospital NO X NAME OF Middle 4. DATE Lost Year DECEASED ETHEL VERA RICE AUG 22 1967 (Type or print) DEATH F UNDER I YEAR IF LINDER 24 HRS 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years 7. MARRIED **NEVER MARRIED** lost-buthday) FEMALE WHITE 5-23-95 WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) BLOOMINGTON. MD. COUNTRY? U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remova JOHN C. SIMPSON MARY C. CROSS 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates of service) MEMORIAL HOSPITAL CUMBERLAND, MD. 212-18-1 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) NTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 20o ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part I of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Dov. Year (County) factory, street, office bldg., etc.) Hour o.m. While TO FUNERAL DIRECTOR: After 21. 1 certify that (1) (this haspital) attended the deceased fram 1967, that (1) (we) las __1967, and that death accurred of be retained 5 M, from causes and on the date stated above saw the deceased alive on. 22o SIGNATURE 22b DATE SIGNED MED DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S CUMBERLAND. MD. NAME (Type) director, should b 230 BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) DEMOVAL (Specify) 8-26-57 Sunset Memorial 24. FUNERAL DIRECTOR Scarpelli " berland.l.d.



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10394 CERTIFICATE OF DEATH 10394 T. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY o. STATE 6 COUNTY ALIEGANY ALLEGANY MARYLAND requires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest town) 5 HRS. MIDLOTHIAN d. NAME OF HOSPITAL OR INSTITUTION (If not in baspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? MINERS HOSPITAL NO TX YES 🗌 4 DATE NAME OF Middle First Lost Month Doy Year campletely DECEASED 01 ALBERT J. RITCHIE AUGUST 67 (Type or print) DEATH IF JINDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthday) Months Days Hours MAIE WHITE WIDOWED DIVORCED DEC. 2. 1914 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) **INDUSTRY COUNTRY?** BUS DRIVER PUBLIC SCHOOLS MARYLAND ILS.A 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME ar remaval, JAMES A. RITCHIE SARAH CATHCART IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) If If yes give wor or dates of service) MRS. URITH M. RITCHIE, MIDLOTHIAN, MD. 21543 burial-transit permi 217-10-4542 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY MYOCARDIAL/NFAKCTION IMMEDIATE CAUSE (a) à DUE TO signed 1 Canditians, if any, which gove rise to immediate cause (a), DUE TO stoting the underlying cause has been last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? detached far use te Dept of Health NO 🗷 O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING [7] 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While at work at work 21. I certify that (i) (this haspital) attended the deceased from account 1967 to 7 , 1962, that (i) (we) last 1967, and that death accurred at 205 M, fram causes and on the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURI DIRECTOR PHYS. directar, page 3 should be filed v M.D. 22d. ADDRESS 22c PHYSICIAN'S PAIGE STRONG. 167 NAME (Type) MD E. MAIN ST., FROSTBURG, MD. A. 21532 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23b. DATE THEREOF (County) (State) BURTAL (Specify) FROSTBURG, MD. AUG. 10, 1967 FBG. MEMORIAL PARK 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) JOSEPH R. DURST, SR., FROSTBURG, MD. 21532 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10395 10395 requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY Alla ny MARYLAND on popers Pages b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate amits, write RURA, and give nearest town) write RURAL and give nearest town) and completely filled in by remove corbon papers. P Trs. Cumberland d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? カガ Sulvan Retreat - Burnauce St. Evtended YES NO 🕰 NAME OF First Middle Lost 4 DATE Month Dov Year DECEASED .. O I LETTE A AUG. 19 5 (Type or print) DEATH ond in ony event IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH lost birthday) Months Doys Hours WIDOWED XX DIVORCED puo 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (G ve kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) physician a during most of working life, even if retired) COUNTRY? INDUSTRY Lousevife Alle m 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME burial, cremotion, or removal, attending phys Olive Tiller Thornton Duckworth WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service INTERVAL SETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) signed by the buriol-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Page 4 moy be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse Dept, of Health prior to hos been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPS'
PERFORMED? CERTIFICATION NO YES O FUNERAL DIRECTOR: After this certificate ATTENDING PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While State (ot work ot work 21. I certify that (I) (this haspital) ottended the deceased from ______ director, page 3 shauld should be filed with the and that death occurred of 9:157M, from causes and on the date stoted obove saw the deceased alive an_ SIGNATURE DATE SIGNED 220 ATTENDING DIRECTOR PHYS M.D. PHYS 22d. ADDRESS -22c. PHYSICIAN'S NAME (Type) Simons H.D. H Cumberland NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) REMOVAL (Specify 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNDERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10396 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTIL legany a COUNTY Maryland Allegany MARYLAND c CITY OR FOWN (If guiside corparate limits, write RURA), and give nearest town) b CITY OR TOWN (If autside corparate I mits, LENGTH OF STAY IN 16 Midland d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Church Street Miners Hospital YES 🗀 NO A 4 DATE NAME OF First Middle Last Month Year DECEASED Mildred Ross ٨. 19 (Type or print) DEATH IF JNDER 24 HRS. S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR last birthday) Months Days Hours Female White WIDOWED K DIVORCED 12/10/1907 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT COLNESSA during most of working life, even it retired) INDLSTRY Frostburg Md. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Thomas Tighe Margaret Stevenson IA 15 WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, never unknown) (If yes give war or dates of service) Midland. Md. Mrs. Lena Tighe. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per lipe-for (a), (b), and (c).) burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave ase to immediate cause (o). DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending as the O FUNERAL DIRECTOR: After this certificate has been lost WAS ALTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 草 20g ACCIDENT WAS UNDERLYING [] 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a.m. factory, street, office bldg., etc.) at work 19600, tolle 21. I certify that (I) (this hespital) attended the deceased fram. shaufd and that death accurred at 3. b. M. fram cooses and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE S ATTENDING PHYS MED. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) LONACONING directar, should NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION, 23b DATE THEREOF (County) (State) 8/4/1967 Memorial Park Frostburg. ADDRESS 250 READ BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 George Eichhorn, Lonacohing, Md. DATE



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Poge 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has baen signed by the attending physicion and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please reprove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 haurs atte

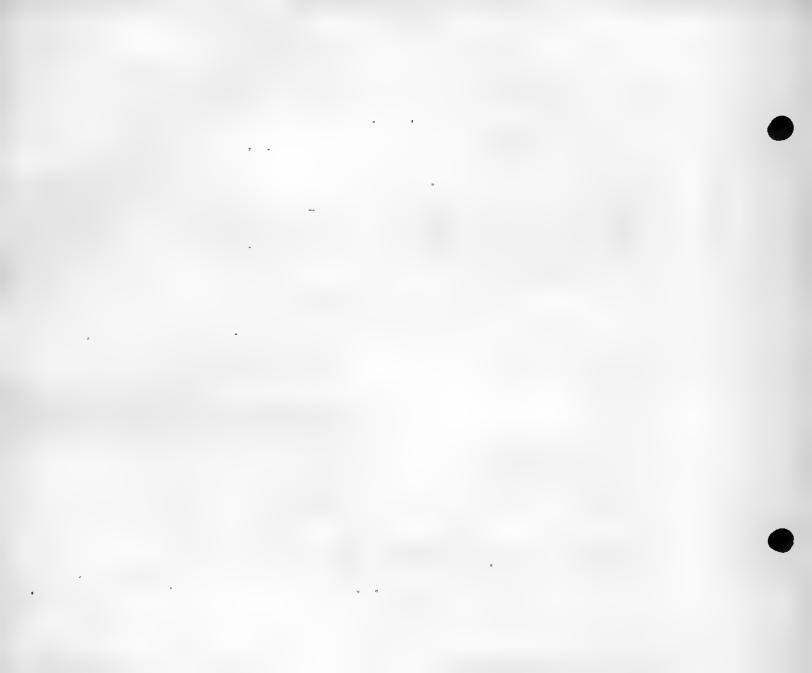
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		10397			CERTIFI	CATE	OF	DEATH			X	039	7'6	
	I. PLACE OF DEATH a COUNTY ALLEGANY				MARYL	2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. STATE B. COUNTY WEST VIRGINIA								
	write RIRAL and awa pearest town)				c LENGTH OF STAY IN		c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) WILEY FORD							
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, girls) MEMORIAL HOSPITAL				ive street address)	street address) d. STREET ADDRESS WELTON STR				ET			IS RESIDEN ON A FARI ES NO	ICE
)	C	NAME OF DECEASED Type or pnnt)	First JO		Middle ANN		DHI	lost IMER	_ OF			GUST 22 1967		
	S. S	SEX 6. CC	OLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	KZ S	B. DATE	OF BIRTH		AGE (In years last birthday)	IF UNDER Months		IF JNDER 24	
i	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			D OF BUSINESS OR 11. BII			BIRTHPLACE (County & State, or foreign country) CUMBERLAND, MD.				12 CITIZEN OF WHAT COUNTRY?			
	13.	JAMES			CLARA P. WILKINS									
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war or dates af service) None 16. SOCIAL SECURITY NO MEMORIAL HOSPITAL, CUMBERLAND, MD.													
		18. CAUSE OF DEATH (PART DEATH WAS 1 o Conditions, if any, which nse to Immediate caus stating the underlying last	S CAUSED BY: IMMEDIATE CAUSE DUE 1 gove	(a) (b) 53	(0), (b), and (c))	Dig	See	Jacci	r ron	leces	ns		RVAL BETWEEL AND DEA	
	CERT F CATION	PART II. OTHER SIGNIFIC 20a ACCIDENT WAS UNDE OR CONTRIBUTING ROCA	RLYING 🗆	no la	 ,	red.	~	*					WAS AUTOP PERFORMED NO	?
	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg, etc.) at work 19 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg, etc.)										Inty)		ite)	
		21. I certify that (I) (this haspital) attended the deceased fram 21 feet 1962, to 22 (1967, 1967) that (I) (we) to saw the deceased alive an 22 (1967, and that death accurred at 20 physical causes and an the date stated above 220. SIGNATURE 220. DATE SIGNED												
1		22c. PHYSICIAN'S	SEDERIC	K_MILI	ENBERGER	M	22v	NDING S I. ADDRESS	DIRECTOR CENTI	STAFF PHYS		ERL		, MD
	23a.	BURIAL, CREMATION, JEMOVAL (Specify)	23b. DATE THI	REOF	23c NAME OF CEMET	ERY OR	CREMATO	RY	23dOC	ATION (City or To	(חשנ	(County)	(Stat	e)
		FUNERAL DIRECTOR	Aug. 25		Davis Me ADDRESS Derlard.=M		ial.	ZSo RECI	D BY REGISTRA	berland 1967	EGISTRAR S S	CNATAN	udge	

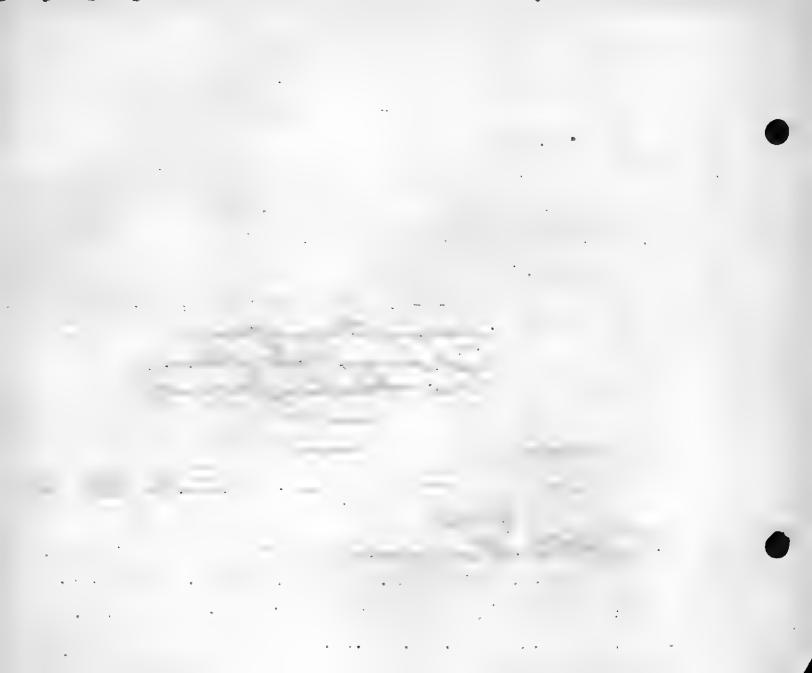


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10393 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 10398 HEALTH DEPJ. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, finstitution Residence before admission) delay is and 3 to pM3. Page o. COUNTY **b** COUNTY Allegany MARYLAND Pennsylvania Bedford

c CITY OR TOWN (If outside carporate limits, write RJRAL and give nearest town) b CITY OR TOWN (f outside corporate limits, CLENGTH OF STAY IN 16 write RURAL and give nearest town) Hyndman Cumberland D.O.A. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE d "pending" in pencil in Item 18. Give Pages 1, Chief Medical Exominer's Office along with form te De ON A FARM? Memorial Hospital R.D. YES NO X 24 hours ofter death NAME OF Middle Lost 4 DATE Month DECEASED 167 Paul Sell (Type or print) DEATH S SEX 6 COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED last birthdoy) Months White 7-27-12 Male WIDOWED DIVORCED event 11. BIRTHPLACE (State or foreign country 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life even fret red)
Retired Western Md. Railway Clerk COUNTRY pages 10 n ony 6 Cumberland, Maryland 14 MOTHER'S MAIDEN NAME certificate should be executed within 13. FATHER'S NAME William Sell Amelia Gilner F le and IS WAS DECEASED EVER IN US ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) [(If yes give wor or dotes of service) or removal. 705-10-7990 Mrs. Ruby Sell. Hyndman. Pa. RD#1 1B CAUSE OF DEATH (Enter on y one cause per line for (o), (b), and (c)) NTERVAL BETWEEN PART I DEATH WAS CAUSED BY Sudden State Occlusion Coronary IMMEDIATE CAUSE (a) s a burial-tra writing the word DUE TO Coronary Sclerosis Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse used as burial, a PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS CERTIFICATION PERFORMED? NO X YES 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part or Port II of Item 18.) 3 should PRIMARY OF CONTRIBUTING 4 should CAUSE OF DEATH 20c. TIME OF MILERY Month, Day, Year Hour om. (City or town) 20d. INJURY OCCURRED 20e PLACE OF IN.URY (Home, form, (County) (Stote) foctory, street, office bldg., etc.) While Not While ot work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X, Inquiry X and in my apinian Natural causes X Accident death resulted fram. Suicide Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASKENIANT XIDGIDADEWININGXXX 22. DATE SIGNED O DEPUTY DEPUTY MEDICAL EXAMINER XI August 28. 1967 **EXAMINER'S** TO FUN. Health o Benedict Skitarelic, M.D. Address (Street, city, town, or county) Cumberland. Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b DATE THEREOF 23d LOCATION (City or Town) (County) Burial (Specify) August 31. 1967 Rset Lawn Mem La Vale. Md. RD#1 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Hyndman, Pennsylvania VR A15ME (5 H. Zeigler. DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10399 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) FLINTSTONE CUMBERLAND filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS On page RD 2 DOA MEMORIAL HOSPITAL NO X YES executed within 3. NAME OF First Middle Month Last 4. DATE Day Year DECEASED event, 19 67 AUGUST (Type or print) EMORY EDGAR SHRIVER DEATH 20 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Iast birthday) | Months | Days | Hours | Min. 5. SEX DATE OF BIRTH and cor any WIDOWED [DIVORCED [63 MALE AUGUST 28 attending physician a ermit. Then please ron, or removat, and in Ξ 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) þ during most of working life, even if retired) INDUSTRY COUNTRY? WEST USA RETIRED INSPECTOR KELLY SPRINGFIELD VIRGINIA certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY SHEPPARD GEORGE W. SHRIVER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ed by the attenctransit permit. (Yes, no, or unkown) ((If yes give war or dates of service) 214-05-9985 SHRIVER RD EDNA SHEPHERD INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause-per line for (a), (b), and (c).] requires that the been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I, DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating as th prior 1 underlying cause last. WAS AUTOPSY PERFORMED? CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health The certificate hospital or NO. YES [20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) this certification detached for the Dept. of OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) (County) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year (City or town) factory, street, office bldg., etc.) Hour a.m. While-Not-While After at work at work retained 0 21. I certify that (I) (this hospite) attended the deceased from that (I) (we) last shoul and that death occurred at A.M. from the causes and on the date stated above. DIRECTOR age 3 sho led with t saw-the doceased alive on 22b. DATE SIGNED ğ page ATTENDING AUGUST DIRECTOR PHYS. тау FUNERAL PHYSICIAN'S 22d. **ADDRESS** director, p ICHARD J. WILLIAMS, M.D. S. CENTRE ST. CUMBERLAND. MD. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF EMOVAL (Specify) 으 MEMORIAL GARDENS SUNSET NEAR CUMBERLAND, MD REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10400 10400 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY MARYLAND 6 COUNTY ALLEGANY ALLEGANY MARYLAND OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURA, and give nepres town CUMBERLAND 9WKS. 1DAY ⊑ d NAME OF HOSPITA. OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDEN ON A FARM MARION MEMORIAL HOSPITAL NO K 3 NAME OF Middle 4. DATE Lost etely DECEASED (Type or print) AUGUST MINNIE SMITH DEATH 6 COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost buthday) Months FEMALE WHITE 4-18-98 WIDOWED DIVORCED 10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Housewife INDUSTRY **COUNTRY?** USA PENNA. 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME Cora Smith Jacob Miller IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) MEMORIAL HOSPITAL, CUMBERLAND, MD. 21h-05-6829-D 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN by the ONSET AND DEATH IMMEDIATE CAUSE (o) 170 X DUE TO Conditions, if any, which gove \ rise to immediate couse (a). DUE TO stoting the underlying couse certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO. 20a ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c TIME OF N. JRY Month, Doy, Year Hour' o.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg., etc.) at work | at work 21. I certify that (i) (this hospital) attended the deceased fram... . 1961, that (1) (we) last 19 67, and that death accurred at 5:50 M. from causes and an the date stated above. Page 4 may be retained TO FUNERAL DIRECTOR: saw the deceased alive an 22o. SIGNATURE 22b. DA使 SIGNED STAFF DIRECTOR M.D PHYS TO HOSPITAL Page 4 may t 22d ADDRESS 22c PHYSICIAN'S IAMES CUMBERLAND, MARYLAND NAME(Type) DR 230 BURIAL CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Spec fy) Fairview Cemetery Burial 8-28-67 Bedford Penna Artemas 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 25b REG STRAR'S SIGNATURE VR A15 (4) 25M 1/67 H. Lee Silcox 404 Decatur St. Cumb. Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10401 10401 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY n. STATE b. COUNTY **ALLEGANY** ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)

CUMBERLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) DAYS 11 HRS FLINTSTONE d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARMS MEMORIAL HOSPITAL NO A NAME OF Middle First Lost 4. DATE OF Month Dov Year DECEASED SMI TH AUGUST 22 67 Ε. SARAH DEATH (Type or pnn* DATE OF BIRTH AGE (in years IF UNDER I YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months Davs 4-16-1892 DIVORCED X WHITE WIDOWED FEMALE 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working, INDUSTRY COUNTRY? USA FLINTSTONE. MD. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME ANNA THOMPSON R. SMITH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wer or dates of service) 20-1.0-7215 CUMBERLAND. MD. MEMORIAL 18. CAUSE OF DEATH (Enter only one cause per line ion (a), (b), and (c)) PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which gave rise ta immediate couse (o), DUE TO stating the underlying cause 19 WAS AUTOPSY PERFORMED? PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO P 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) 20o ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. ItME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Haur o.m. factory, street, affice blda, etc.) 21. I certify that (1) (this haspital) attended the deceased fram , and that death accurred at 6:0 NO from Vouses and saw the deceased alive an on the date stated above 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR 22d ADDRESS 122 S. 22c PHYSICIAN'S CENTRE CUMBERLAND, MD ST., DR. W. F. WILLIAMS 23a BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) (County) I.O.O.F. Cemetery 8-24-67 Flintstone 24. FUNERAL DIRECTOR

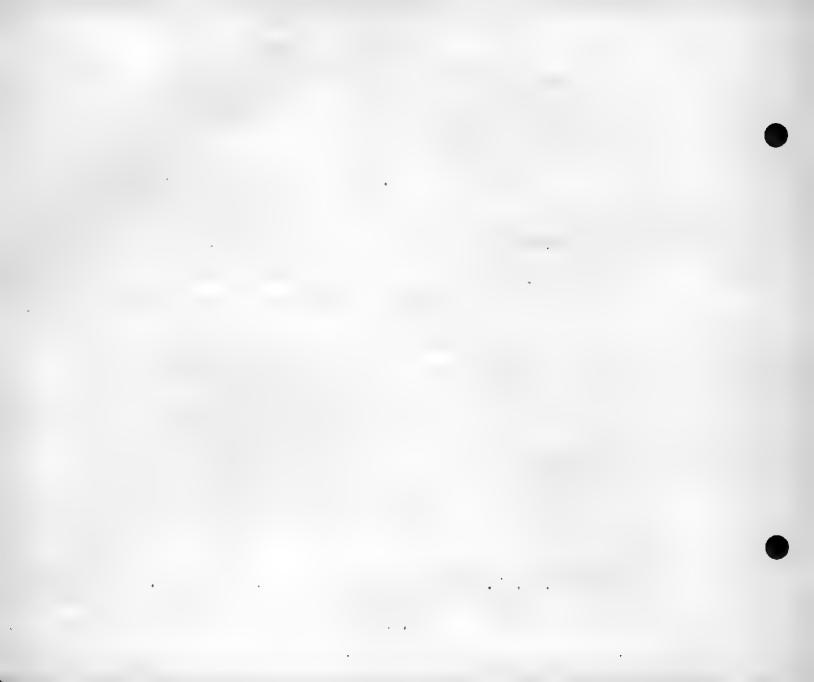
H. Lee Silcox hoh Decatur St. Cumb. Md.

250 REC D BY REGISTRAR

25b REGISTRAR S SIGNATUR

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 8 ar remaya crematian, burial-transit TO FUNERAL DIRECTOR: , page be filed TO HOSPITAL (Page 4 may b directar, shauld b VR A15 (4) 25M 1/67

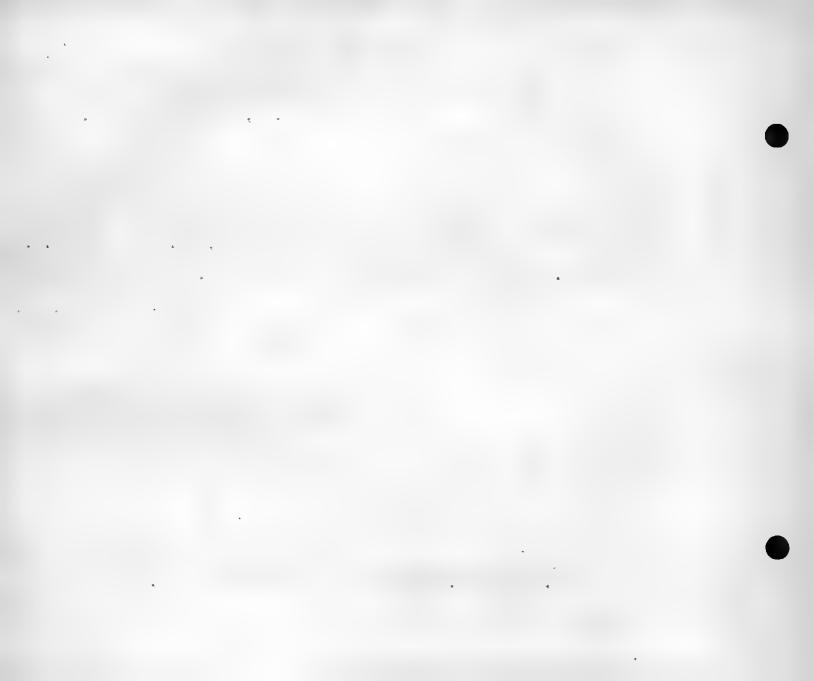
5 SEX



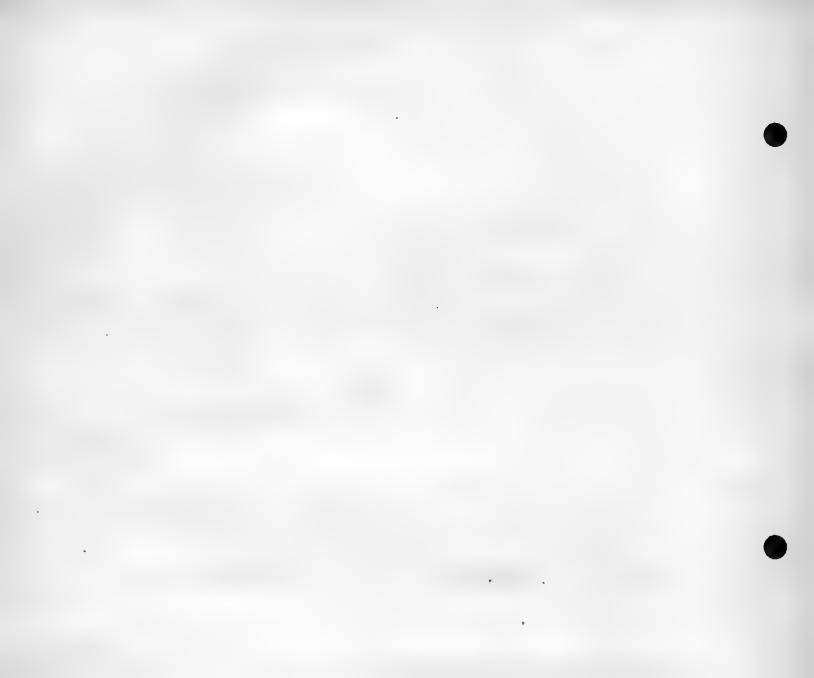
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10462 10402 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a. STATE b. COUNTY ely filled in by the funi ban papers. Pages 1 o within 72 haurs after d MARYLAND ALLEGANY b. CITY OR TOWN (if outside carparate limits, C. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. write RURAL and give nearest town) CUMBERLAND, MD LI HOURS 104 GLEASON STREET, CUMBERLAND, MD d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? SACRED HEART HOSPITAL 104 GLEASON STREET YES NO X and campletely fil remove carban p NAME OF Middle First Last 4 DATE Manth Day Mirv DECEASED event **SNEATHEN** AWGUST 1967 (Type or print) DEATH Both BABY GIRL 9 AGE (In years S SEX 8 DATE OF BIRTH F UNDER 1 YEAR | 1F UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) WHITE WIDOWED DIVORCED [AUG. 16, 1967 FEMALE and 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY U.S.A during mast of warking life, even if retired) INDUSTRY CUMBERLAND, MD. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal. MARGARET (FINN) SNEATHEN BRUCE SNEATHEN 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, or unknown) (If yes give war or dates of service) NONE HOSPITAL RECORD -900 SETON DRIVE crematian, 18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: & ESPIRATORY IMMEDIATE CAUSE (a) DUE TO PULMONARY Hemowhage Candit ans, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES A NO F 20g ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF NEURY Month, Day, Year Haur a.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Nat While factory, street, affice blda., etc.) at work at wark 21. I certify that (1) (this haspital) attended the deceased fram. , 19____, that (1) (we) last , fa saw the deceased alive an_ 19 and that death accurred at_ M, from causes and an the date stated above. 22a, SIGNATURE 22b. DATE SIGNED DIRECTOR 22d ADDRESS 22c. PHYSICIAN S NAME (Type) ROBERT D. BRODELI 500 GREENE STREET CUMBERLAND director, should be 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (State) 23a BURIAL CREMATION, (County) BEEMONY (Specify) St. Mary's Cemetery Curberland, Md. Allegany 2Sb. REGISTRAR S SIGNATURE 2So REC'D BY REGISTRAR James F. Scarpelli, Curberlard, Md. VR A15 (4) 25M 1/67 Ochanies 7-194623



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #6 Film #G391 8/15/67 ph 10404 10404 CERTIFICATE OF DEATH that the death certificate be executed within 24 hours after death. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased aved, if institution Residence before admission) o. COUNTY o. STATE ALLEGANY b COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (If autiside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 CITY OR TOWN (If outs de proporte, mits write RURA and give nearest town) 3MOS.26DAYS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENO MEMORIAL HOSPITAL NAME OF Eirst Middle 4. DATE Month Year DECEASED OF DEATH AUGUST ERNEST C. STALEY (Type or print) S SEX 6 COLOR OR RACE 9 AGE (In years 7 MARRIED X NEVER MARRIED 8. DATE OF BIRTH last byrthday) MALE WHITE 12-20-1/89 DIVORCED 10a USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHATUSA 11 BIRTHPLACE (County & State, or foreign country) LANESE CORP NORTH CAROLINA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME MATTHEW F. STALEY CORA WOODELL IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no or unknown) (If yes give war or dates af service MEMORIAL HOSPITAL, CUMBERLAND, MD. 17-10-5543-A 18. CAUSE OF DEATH (Enter only one couse par line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? 206 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJRY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Harne, farm, 20f (City or tawn) (County) factory, street, affice bldg., etc.) at work 21. I certify that (1) (this hospital) attended the deceased from 17091. 19 6 3 to 1 any 19 6 7 that (1) two) lost sow the deceased alive on 10 any 19 6 7, and that death occurred at 6:3 M, from causes and on the date stated above TO FUNERAL DIRECTOR: 22a SIGNATURE 22b. DATE 5 GNED ATTENDING PHYS. DIRECTOR director, page shauld be filed 22d. ADDRESS 22c PHYSICIAN'S VAN ORMER, M. D. CUMBERLAND, MARYLAND 23d. LOCATION (City or Town) 23a BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) AUG. 14 167 SUNSET MEMORIAL PARK CUMBERLAND, MD. ADDRESS 2So. REC D BY REGISTRAR 24. FUNERAL D ECTOR 25b. REGISTRAR'S VR A15 (4) 25M 1/67 JOSEPH R. DURST, SR., FROSTBURG, MD. 21532



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10405 10405 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institut on Residence before admission) o. COUNTY o. STATE b. COUNTY ALLEGANY MARY! AND ALLEGANY b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown)

CUMBERLAND OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) vent, within 72 hours LONACONING 5DAYS ⊑ papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL RT. YES NO Y carbon NAME OF First Middle 4 DATE Lost Doy Yeor campletely DECEASED
(Type or pnnt) ORVILLE STARK DEATH **AUGUST** 1967 it after SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year: IF JNDER 1 YEAR IF UNDER 24 HRS lost purthday) Months Doys Hours MALE WHITE 8-4-1885 and in any WIDOWED DIVORCED and 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) please INDUSTRY MARYL AND COUNTRY? USA יופו יובי 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remayal, Join Shar Anna Tueltwood 15 WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).)
PART I DEATH WAS CAUSED BY signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if any, which gove (b) rise to immediate couse (a). **DUE TO** certificate has been s siched far use as the b spt. af Health priar ta b stating the underlying couse by the haspital ar attending last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? director, page 3 should be detached for use should be filed with the State Dept. af Health NO 200 ACC DENT WAS UNDERLYING TO 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port If of item 18) CERT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour 'o.m. foctory, street, office bldg., etc.) ot work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from 27 June 1967 to 4 duy 1967 that (I) (we) last O HOSPITAL OR ATTEND Page 4 may be retained 19 67, and that death accurred at 3:000Atom causes and an the date stated above. saw the deceased alive an 4 ang 220. SIGNATURE 22b DATE SIGNED ATTENDING M,D DIRECTOR PHYS 22c/ BISYS CIAN 22d ADDRESS NAME (Type) STEGMALER CUMBERLAND. 23o BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Ref. Grantsville, Garrett. Md. 24 FUNERAL DIRECTOR ADDRESS 2SO REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURI Grantsville, MA.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10406 10406 CERTIFICATE OF DEATH 24 hours after deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased leved, if institution. Residence before admission) o. COUNTY b COUNTY AL LEGANY o. STATE ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 HOURS. **CUMBERLAND** d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)

MEMORIAL HOSPITAL d. STREET ADDRESS 629 e IS RESIDENCE STREET ON A FARM? YES NO K requires that the death certificate be executed within NAME OF First Middle 4. DATE Lost Month Doy Year completely DECEASED AUGUST 1967 23 MELVIN STECKMAN DEATH in any event, IF JNDER 1 YEAR S SEX 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS NEVER MARRIED 67 yrs Doys Hours WHITE MALE WIDOWED DIVORCED 6-9-1900 10o USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working the even if retired) B & O COUNTRY MARYLAND 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removol. EUGENE STECKMAN NAOMI ROBY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no. or unknown) (If yes give wor or dotes of service HOSPITAL, CUMBERLAND. MD. NO INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) **buriol-transit** PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove " (b) nse to immediate cause (o). DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PART 1(a) YES [ATTENDING PHYSICIAN: 20g ACCIDENT WAS UNDERLYING [20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or fown) (Stote) (County) Hour o.m. factory, street, office blda, etc.) Not While ot work at work 21. I certify that (1) (this haspital) attended the deceased fram and that death accurred at a complete the date stated above TO FUNERAL DIRECTOR: saw the deceased alive and 22o. SIGNATURI M.D PHYS DIRECTOR director, poge should be filed 22d 22c PHYSICIAN ADDRESS O HOSPITAL NAME (Type) GREENE 23o BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) PEMOVAL (Specify) Burial Near Cumberland Hillcrest Burial Park 250. REC D BY REG STRAR Cumberland oallG Ralto Ave. Md.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10407 CERTIFICATE OF DEATH 10407 The law requires that the death certificate be executed within 24 hours offer death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed aved, if institution. Residence before admission) a. COUNTY ALLEGANY b. COUNTY MARYLAND ALLEGANY b. CITY OR TOWN (If autside carparate fimits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If auts de corparate firmits, write RURAL and give nearest town) Write CUNNBER PER Den Dwn) CUMBERLAND DAYS Ξ. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 222 e IS RESIDENC ON A FARM? HAMPSHIRE AVE MEMORIAL HOSPITAL NO X NAME OF DO U Middle 4. DATE Year DECEASED FREDERICK STEIN **AUGUS T** (Type or print) 19 67 DEATH I 4 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR LIF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** Months Days WHI TE 6-26-1897 MALE WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT INDUSTRY TOUNTES! A. CUMBERLAND. MD. Retired Glass Worker 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME buriol, cremation, or removol, WILLIAM STEIN ELIZABETH SMITH 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates at service) 21405-4518 MEMORIAL HOSPITAL CUMBERLAND, MD. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) S CAUSEO BY: Of Skatus asthmalilus with Term. Pulm failing PART I DEATH WAS CAUSED BY: Thronie trongholis, pulmoner, februre & Emphysome signed buriol-ti Conditions, if any, which gave a rise to immediate couse (a). DUE TO stating the underlying cause Page 4 may be retained by the hospital or attending pas PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY NO certificote 20g ACCIDENT WAS JINDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF NIGRY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (State) factory, street, affice bldg., etc.) ot work 21 1 certify that (1) (this haspital) attended the deceased fram. director, page 3 should should be filed with the M, fram tooses and 19 6 Tand that death accurred at. DIRECTOR: 4 aung saw the deceased alive an on the date stated above. 22a SIGNATURE 22b DATE SIGNED ATTENDING PHYS MED DIRECTOR ADDRESS CUMBERLAND, MD. 22c PHYSICIAN S FUNERAL I VANE ORMER NAME (Type) 230. BUR AL, EREMAT ON, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify)
Burlal White Oak Cemetery 2 Wellersburg 25d. RECD BY REGISTRAR 256 25b REGISTRAR STOUTHER 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 James F. Scarpelli, Cumberland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH



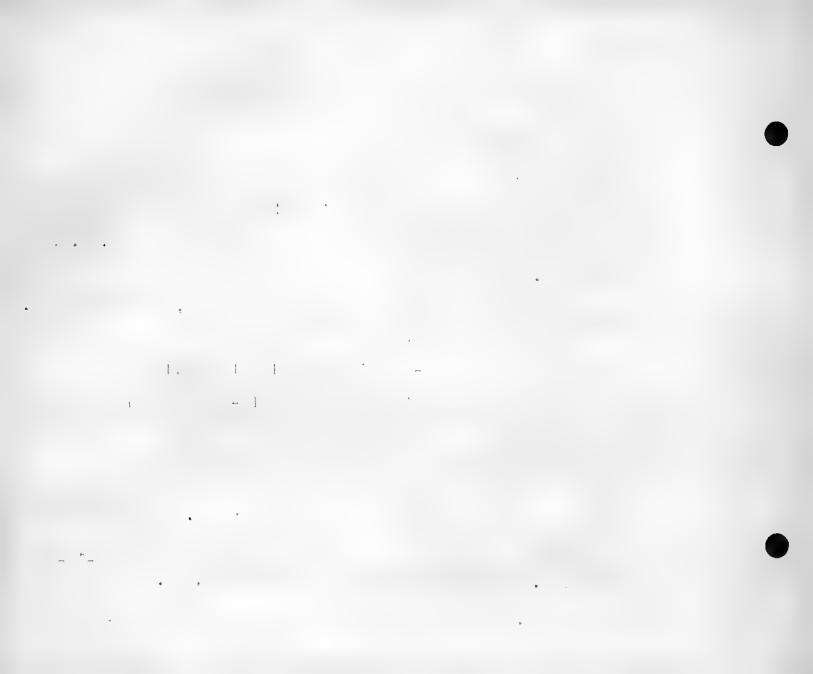
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10408 10408 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY ALLEGANY ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) **CUMBERLAND** The law requires that the death certificate be executed within 24 hours DAYS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL 137 N. CENTRE YES *0 F NAME OF remove tarban Middle 4 DATE Month Doy Year campletely DECEASED MARTHA ANNA STEVENS AUGUST 67 (Type or print) DEATH event S SEX 6 COLOR OR RACE 7 MARRIED 8. DATE OF B RTH AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS NEVER MARRIED FEMALE last 6 5 day) Months WHITE 2-6-1902 WIDOWED DIVORCED and 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY FROSTBURG, MD. (SHAFT COUNTRY? or remayal, and HOUSENTHE 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME OHN WESLEY ANDERSON HAMILTON 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service MEMORIAL HOSPITAL. CUMBERLAND. MD. 217-10-5808-B NO 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH CONGESTIVE HEART FAILURE IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove ARTERIOSCLEROSIS GENERALIZED rise to immediate cause (a), DUE TO stoting the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? DIEBETES MELLITUS -- FAT DYSTOPHY NO V 200 ACCIDENT WAS UNDERLYING T 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INSURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work 21. I certify that (I) (this hospital) attended the deceased fram 1958 saw the deceased alive an AUG 2 1967 and that death accurred at 21. I certify that (1) (this hospital) attended the deceased fram_ M, fram causes and an the date stated obove. Page 4 may be retained TO FUNERAL DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR PHYS director, paga should be filed PHYS AUG 3 1987 22d ADDRESS 22c. PHYSICIAN S NAME (Type) DR. CUMBERLAND. MD. 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C ty or Town)
Near Cumbertand (County) eg (STATE) Sunset Memorial Park 5/1967 Balta Ave., Cumberland DATE AUG REGISTRA 1967 24 FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10409 10403 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission) o. COUNTY O. STATE MARYLAND b. COUNTY ALLEGANY **ALLEGANY** MARYLAND c LENGTH OF STAY IN 15 b. CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL COMBERESTAND 5 DAYS CUMBERLAND. MD. .S T d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? filled 211 FIFTH ST. MEMORIAL HOSPITAL NAME OF Lost DATE Month carban DECEASED STEVENSON JOHN AUG 67 M (Type or print) DEATH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 IF UNDER 24 HRS lost Briday) WHITE 11-11-03 MALE WIDOWED DIVORCED 100 USUAL OCCUPATION (G ve kind of work done during most of working life, even if retired)

Thack...an 11 BIRTHPLACE (County & Stote, or foreign country) 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT Reliroad SCOTLAND-Troon Anythi U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removal GAVIN STEVENSON **AGNES** 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) [(If yes give wor or dotes of service) CUMBERLAND. MD. MEMORIAL HOSPITAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) PART ! DEATH WAS CAUSED BY. INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse be retained by the hospital or attending this certificate has been far use as PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS Health CERTIFICATION PERFORMED? NO. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part It of item 18) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, form 20c TIME OF INJURY Month Dov. Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. factory, street, office blda, etc.) Not While TO FUNITAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram and that death accurred a director, page 3 should should be filed with the M, from causes and an the date stated above saw the deceased alive an 22o SIGNATURE STAFF PHVS MED DIRECTOR dr. Wm.P. Iann M.D. CUMBERLAND, 22c PHYSICIAN'S 230 BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10410 10410 CERTIFICATE OF DEATH within 24 hours ofter death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY ALLEGANY BEDFORD MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) HYNDMAN DAYS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RES DENCE ON A FARM? within 72 MEMORIAL HOSPITAL NO X YES completely fi NAME OF Middle Last 4. DATE Month LUĽA DECEASED AUGUST TAYLOR and in ony event, (Type ar print) DEATH PHYSICIAN: The low requires that the deoth certificate befexicated IF UNDER 24 HRS S SEX 6 COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED 9. AGE (In years Manths FEMALE WHITE 1-24-1889 Hours WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY U COUNTRY? A. MARYLAND HOUSENTFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal. MARGARET SMITH CHARLES W. CONRAD 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address ouriol-transit permit. burial, cremotion, or re (Yes, no, or unknown) (If yes give war or dates of service 213-09-6607B MEMORIAL HOSPITAL. CUMBERLAND. MD. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY NTERVAL BETWEEN INTRACTABLE HEART FAILURE IMMEDIATE CAUSE (a) Conditions, if any, which gave (b) ANTERO-SEPTAL MYOCARDIAL INFARCTION 3 WEEKS rise to immediate cause (o). DUE TO stating the underlying couse certificate has been 3 should be detached for use as the with the State Dept. of Health prior to ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? NO 20a. ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Item 1B) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form (City or town) (County) (State) Haur o.m. factory, street, affice bldg, etc.) ot work at work 9:37. tp_M_AUG_819_67that (1) (xe) last M, from causes and an the date stated above. 21. I certify that (I) (this bospital) attended the deceased fram. 1967, and that death accurred at saw the deceased alive on AUG 8 TO FUNERAL DIRECTOR: 22a SIGNATURE 226 DATE SIGNED X director, page 3 should be filed v M.D DIRECTOR PHYS 8-10-67 PHYS. 22d. ADDRESS 22c PHYSICIAN S CUMBERLAND, MD. NAME (TypeDR OVER/TON HIMMELWRIGHT 23g BURIAL, CREMATION, BURY LANGUAL (Specify) 23d LOCATION (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (State) FBG. MEMORIAL PARK AUG. 11, FROSTBURG. MD. 1967 FUNERA DIRECTOR
JOSEPH R. DURST, SR., FROSTBURG, MD. 21532 ALIG 1 4 1967 24. FUNERA. DIRECTOR VR A15 (4) 25M 1/67



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1 MARYLAND
£ 70£.	10417 CERTIFICATE OF DEATH	10411
24 hours after death filled in by the funeral napers. Pages 1 and 2 n 72 hours after death.	1. PLACE OF DEATH a. COUNTY Allegany MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if instituti a. STATE Penna. D. COUNTY	on: Residence before admission) Somerset
after a state of the state of t	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write R	
ours in by E. Pag hours	Cumberland, 6 hrs. Rockwood, Rural	1.
thin 24 h tely filled ton papers within 72	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Memorial Hospital Rt. # 1	B. IS RESIDENCE ON A FARM? YES ND X
vithii Pon wit	3. NAME DF First Middle Last 4. DATE Month OF	Day Year
ed w	(Type or print) Patty Darlene Trice DEATH August 2 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFU)	
and con reprove	remare white widowed Divorced Aug. 23, 1967	- 6
e be e sician lease r and in	during most of working life, even if retired) INDUSTRY	2. CITIZEN OF WHAT
ate hysin plea	None, infant None Cumberland, Maryland 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME	U. S. A.
certificat ding phy Then p removal,	Robert D. Trice Betty J. Ritenour	
r cerdi	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) I (If yes nive war or dates of service)	
death e ath	(Yes, no, or Unkown) ((fyes give war or dates of service) None Mr. Robert D. Trice, Rt. # 1 F	Rockwood, Penna
law requires that the death certificate be executed within tending physician and completely has been signed by the attending physician and completely as the burial-transit permit. Then please reprove carbon prior to burial, cremation, or removal, and in any offerit, with	18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PUIMONOVCI hemoving	INTERVAL BETWEEN ONSET AND DEATH
ires tha physici signec burial-ti burial-ti	Conditions, if any, which) DUE TO Phe Make He	6 hrs.
requir ding p been the bu	gave rise to immediate cause (a), stating the DUE TO	
law relatending has be as the prior	underlying cause last. (c)	1(a) 19. WAS AUTOPSY
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PHYSICIAN: the hospital this certifi detached for	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Itel OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ig PHYS by the l ter this e detac tate De;	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bidg., etc.)	(County) (State)
NDIN Ded I Sed I Ald b		19, that (I) (we) last
Show the training the training the training the training the training the training training the training traini	saw the deceased alive on	on the date stated above.
DR A be r we sed w	ATTENDING MED. STAFF	8/24/67
nay Nal D	22c. PHYSICIAN'S 1 22d. ADDRESS	0/24/01
HOSPITAL OR ATTENDING Page 4 may be retained FUNERAL DIRECTOR: A director, page 3 should be filed with the should be shou	NAME (Type) Robert D. Brodell, M. D. 500 Greene St. Cumberland	l. Nd.
O HOSPITAL OR Page 4 may be O FUNERAL DIR director, page should be filed	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION (City, town of Burial Specify) 8/25/67 Mount Calvary Cemetery nr. Connells vil	
of of plants	Burial 8/25/67 Mount Calvary Cemetery nr. Connells vil	le Penna.
VR AI5 (4) 20M 1/65	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGIST H. Wayne George Cumberland, Maryland DATE AUG 28 1967	arles judge
20111 1/03	(- * * . *]	

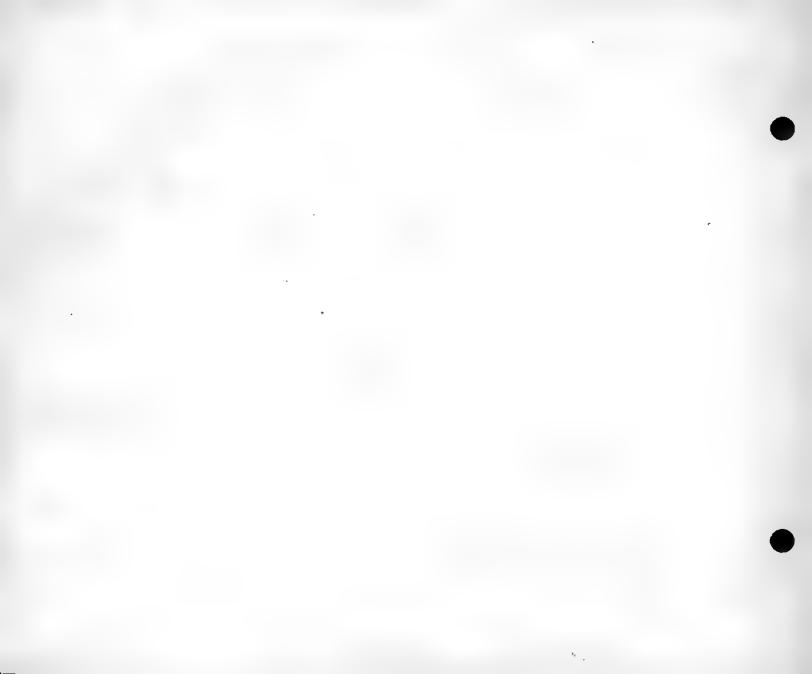
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10412 CERTIFICATE OF DEATH 10412 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) a. COUNTYALLEGANY O. STATEMARY! AND b COUNTY ALL EGANY MARYLAND The law requires that the death certificate be executed within 24 hours after b CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate fimits, write RURAL and give negrest town) RURAL COMPANIES CONTACT TOWN) 1MO-20 DA. CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

MEMORIAL HOSPITAL d. STREET ADDRESS e IS RES DENCE ON A FARM? 514 SHERIDAN PLACE NAME OF Middle JOHN ond completely f remove corbon 4 DATE Manth TROST EDWARD Year DECEASED 1967 AUGUST (Type ar pnnt) DEATH 7 MARRIED XX SEX 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS 12-25-1917 Hours WHITE MALE WIDOWED DIVORCED 10g USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 1). BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT COUNTRY? CUMBERLAND. MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal EFFIE HARDEN JOHN J TROST 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address (Yes, na, ar unknown) (If yes give war ar dates of service) MEMORIAL HOSPITAL CUMBERLAND. MD. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise ta immediate cause (a). DUE TO stating the underlying cause 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) NO 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or tawn) (Stote) 20c TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED (County) Hour o.m. foctory, street, affice bldg, etc.) Not While et work at work 21. I certify that (1) (this hospital) attended the deceased from 19 67, 10 Unit?, 1962, that (I) (we) las 1967, and that death acturred at 10:40 Phorn causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an_ 22a. SIGNATURE ATTENDING STAFF M.D. DIRECTOR PHYS. director, page should be filed 22d ADDRESS KANX.MD. 230. BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) -REMOVAL (Specify) Sunset Marorial Park Cumberland Md. Allerany 2Sb REGISTRAR S SIGNATURE 2So REC'D BY REGISTRAR James F. Scarpelli, Cumberland, Md. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10413 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) n COUNTY b COUNTY ALLEGANY MARYLAND ALLEGANY MARYLAND b CTY OR TOWN (If outside corporate imits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c ETY OR TOWN (If outside corporate I m is, write RURA, and give negrest town) MIDI OTHIAN LIFETIME MIDILOPHIAN. a NAME OF HOSPITAL OR INSTITUTION (If not in hospital, a ve street address) d STREET ADDRESS e IS RESIDENCE ON & FARM? haurs YES NO XX Give Pages alang with 3 NAME OF Middle First 4 DATE Month DECEASED (Type or print) JOSE PH MAT.T.TAM WHITEHEAD DEATH AUGUST 5 SEX 6 COLOR OR RACE 9 AGE IIn veors IF UNDER 1 YEAR 7 MARR FD NEVER MARRIED 79 vrs |tem||8. Months FEB. 1ST, 1888 DIVORCED haurs WIDOWED MATE 1Do USUA, OCCUPAT ON (Give kind of work done 1) BIRTHPLACE (State or foreign country) 12 CIT ZEN DE WHAT during most of working life, even if retired)
RET • MINER COUNTRY ? USA MARYLAND \U pages in Iny 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME WILLIAM WHITEHEAD AMANDA EISENTROUT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address shauld be executed (Yes, no, or unknown) (If yes give wor or dotes of service) m remaval. 213-03-5487 MRS. HANNAH TAYLOR. MIDLOTHIAN. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c) burnal-transit PART I DEATH WAS CAUSED BY *MMED.ATE CAUSE (o) Warr burral, crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a), **DUE TO** certificate stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPS PERFORMED? NO S YES 2Do EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18) PRIMARY Or CONTRIBUTING CAUSE OF DEATH B 20c TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg. etc.) DIRECTOR: Page ot work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry 🔀 and in my opinion death resulted fram: Natural causes Accident -Suicide . Hamicide -Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral O DEPUTY DEPUTY MEDICAL EXAMINER Health Address (Street, city, town, or county) issules land 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION (Stote) 0 REMOVAL (Specify)
BURIAL MD. F'BG. MEMORIAL PARK FROST BURG. 8-21-67 2So RECD BY REGISTRAR 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE VR A15ME (5) DATE AUG 2 2 1967 JOSEPH R. DURST. SR. FROSTBURG, MD.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10414

CERTIFICATE OF DEATH

10414

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DAYS CUMBERLAND HRS filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e IS RESIDENCE ON A FARM? d. STREET ADDRESS MEMORIAL HOSPITAL LINCOL Sil 3. NAME OF First Middle corbon 4. DATE Lost Month Year completely DECEASED GERTRUDE WILSON **AUGUST** BLANCHE 30 eyent, 67 (Type or print 19 DEATH AGE (In years IF UNDER YEAR 7. MARRIED DATE OF BIRTH IF UNDER 24 HRS NEVER MARRIED lost birthday) 10-2-1886 Months Dovs Hours inony WIDOWED DIVORCED puo 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? physician ono MARYLAND USA Housekeeper- At Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COLUMBUS JOHNSON JOSEPHINE MC COY 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

{Yes, no, or unknown} | (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT MEMORIAL HOSPITAL. CUMBERLAND. MD. 5 No cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) à DUE TO buriol Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stating the underlying couse peen the r to prior 1 0.5 19. WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Heolth NO hospital or certificate for 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (Stote) 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) Hour o.m. foctory, street, office bldg., etc.) Not While While ot work of work 21. I certify that (I) (this haspital) attended the deceased fram 6 7 and that death accurred at 2 . 1 n Allam causes and an the date stated above saw the deceased alive an 19 TO FUNERAL DIRECTOR: 220. SIGNATURE 22b. DATE SIGNED director, page 3 should be filed PHYS DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS O HOSPITAL NAME (Type) SOUTH CENTRE ST. CUMBERLAND 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 9/2/67 Hillcrest Burial Park Cumberland Allegany Maryland 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE lianter 1967 Cumberland, Maryland 21502 H.Lee Silcox

organical and the management of the AMT ACT TOWN THE COMME AND THE COM OMANURAL DESIGNATION OF THE PROPERTY OF THE PR 102 2 Selection 1 to 001 202 202 TE WHATER TE THAT HATELING, FURTHER AND STORY and the second s ADMINISTRATE BATTLES HTDLY ARE SHARANIN TO VEHICLE OF Time with water a street and the

MARYLAND STATE DEPARTMENT OF HEALTH

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